

# PLANNED GIVING CREDIT CARD AUTHORIZATION

I hereby authorise St Matthew's Catholic Parish (planned giving account) to deduct the amount listed below from my credit card account, details of which are listed below, until further notice from me in writing.

Deductions will commence approximately four (4) weeks from the date of signing.

Authorised deduction \$ \_\_\_\_\_

Per:  Month  Quarter  Half-year  Year

**(please tick appropriate box)**

Charge my:  MASTERCARD  VISACARD

**(please tick appropriate box)**

CARD NUMBER:

Expiry Date on Credit Card: \_\_\_\_\_

*(if you are issued with a new credit card, please advise new number and expiry date)*

DETAILS: (please print)

SURNAME: \_\_\_\_\_ GIVEN NAMES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POSTCODE: \_\_\_\_\_

CARDHOLDERS

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CONTACT TELEPHONE NUMBER: \_\_\_\_\_