

St Therese Catholic Parish Mascot

Authority for Recurring Payment by Credit Card (Please print clearly)

	1												
Surname													
Christian Name													
Address													
Email													
Contact No													
Type of Card (tick appropriate box)	Mastercard							Visa					
Card Number													
Cardholder's Name (as appears on card)	•		•				•	•		•		1	•
Expiry Date													
Payment Amount													
Payment Frequency	Monthly (on or about the 15 th of each month)												
I hereby authorise St Therese Parish Mascot to debit my Credit Card Account with the amount and at the intervals specified above for my monthly contribution to the Financial Giving Programme.													
This authority shall state to me in renewal or recancellation.		•		•				•					
Signature							Dat	te					

Please either email a copy of the completed form or place it in the letterbox of the Priest's House.

St Therese Parish Mascot is collecting your personal and financial information so that we may be able to receive this donation and contact you (if necessary).