Queanbeyan parish/census forms/parish census new parishioner form 2020

**Continual Financial Contribution Program**
**Credit Card Authorisation**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No: \_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I/we hereby authorise you to charge to my/our credit card (details below) the sum of

$ per:

[ ] Fortnight [ ] Month [ ] Quarter [ ] Half Year [ ] Year

Date contributions to commence: \_\_ /\_\_ /\_\_\_\_ P*lease note that all requests will be processed on or near the 15th of the month.*

***Credit Card Details -***

**[ ]** Visa **[ ]** Mastercard

Name as it is on your card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Number: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_

Card Expiry Date: —— / —— *Please advise the parish office of your new expiry date upon receipt of a new card.*

**I/we understand that I/we can alter the amount and/or frequency, or cancel this authority by writing to the parish.**

Signature/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| OFFICE USE | PLANNED GIVING NUMBER |  |

