



# Catholic Community of the Holy Spirit

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

NEW REQUEST

ALTERATION

CANCELLATION

## Standing Order Authority for Recurrent Periodic Payment by Credit Card

Surname: \_\_\_\_\_ Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ P/code: \_\_\_\_\_

Type of Card (circle) MasterCard      Visa

Card Number:      
Please black out this section after loading

Cardholder Name (as appears on card): \_\_\_\_\_

Expiry Date: \_\_\_\_ / \_\_\_\_

Description of goods/services: \_\_\_\_\_  
(eg. School Fees, Planned Giving, Building Fund, etc.)

Amount per debit: \$ \_\_\_\_\_ Frequency Fortnight / Monthly / Quarterly

Date of first debit: \_\_\_\_\_ Until End Date \_\_\_\_\_

I wish to use my \_\_\_\_\_ (type of card) to pay for the above goods/services supplied to me by  
\_\_\_\_\_ (the merchant).

I hereby authorise the Merchant to debit my Card Account with the amount and at the intervals specified above for goods/services as described.

This authority shall stand, in respect of the above specified Card and in respect of any Card issued to me in renewal or replacement thereof, until I notify the Merchant in writing of it's cancellation.

Cardholders Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parish Use Only      Reference \_\_\_\_\_

**Please note: Form to be retained for your records. Do not forward to ADF**