



St Catherine Labouré Parish
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Planned Giving Programme - Credit Card Debit Authority

Name:

Address:

Suburb: Post Code:

Phone Number: Mobile Nbr:

**For those transferring
 from Envelopes to Direct
 Debit by Credit Card:
 PRESENT ENVELOPE**

NBR:.....

Please Debit my/our Credit Card account on the last Monday of:

- Each Month
 Each Quarter
 ½ Yearly
 Annually
 with the amount promised on my/our pledge.

Until further *or,*
 For a term of years, expiring on

(Being \$.....)

I understand that this Authority may be cancelled in writing at my/our option.

CREDIT CARD DETAILS:

Type of Card: VISA MASTERCARD

**New Subscribers Only:
 New ENVELOPE**

NBR:.....

Card Nbr:

Expiry Date of Card: Amount \$

Name on Card:

Signature of Cardholder:.....