

PARISH THANKSGIVING
St Paul Apostle Catholic Community

(Please fill in details and mail to:

St Paul Apostle Parish, 5 William Hovell Drive, Endeavour Hills 3802))

Title: _____ Name: _____

Address:

Contact No's:

Home: _____ Work _____

Mobile: _____ Email: _____

I wish to contribute to the Planned Giving Program as follows:

A. CREDIT CARD

My monthly contribution of \$_____ to be paid by:

Credit Card – Type: _____
(Bankcard/VISA/MasterCard)

Name shown on card: _____

Card Number: _____

On the 1st/14th/28th day of the month. Please circle date you wish deduction to be made.

Expiry Date: ____ / ____ Signature: _____

I hereby authorize the Merchant to debit my Card Account with the amount and frequency specified above. This authority shall continue until I notify in writing the merchant in writing of its cancellation.

Signature: _____

OR

B. DIRECT DEBIT

Bank: _____

Account Name: _____

Account Number: _____

BSB Number: _____

I hereby authorize the Debit User to arrange for funds to be debited from my/our account at the financial institution identified above and as prescribed through the Bulk Electronic Clearing System (BECS).

Signature: _____

B. ENVELOPE

I wish to register for new envelopes _____ (please tick)