



Let us help the Pauline Fathers renew and develop
The Shrine of Our Lady of Mercy



AUTHORITY FOR PAYMENTS BY CREDIT CARD

NEW REQUEST

Surname: _____ First Name(s): _____

Address: _____ State _____ P/code _____

Contribution/Donation to: **PAULINE FATHERS MONASTERY
PENROSE PARK**

Amount per debit: \$ _____

Frequency: Fortnightly Monthly Quarterly Half Yearly One-Off

Debit date: ____/____/____

I wish to use my **MasterCard**  / **Visa**  (circle one) credit card
to pay for the above contribution/donation to

PAULINE FATHERS MONASTERY PENROSE PARK (the merchant).

I hereby authorise the Merchant to debit my Card Account with the amount and at intervals specified above.

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 its cancellation.

PLEASE COMPLETE ALL CARD DETAILS BELOW

Cardholder Name (as appears on card): _____

Type of Card (circle)  **MasterCard**  **Visa**

Card Expiry Date: ____/____
mm yy

Cardholder's Signature: _____ Date ____/____/____

Card Number:

After entering details into Payment System, Merchant must cut along dotted lines and destroy securely