

CREDIT CARD PAYMENT REQUEST

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Request and Authority to debit the credit card account named below to pay the Parish of St Paul of the Cross	
Request and Authority to debit credit card account	NameAddress
	Email
	Request and authorise the Parish of St Paul of the Cross to debit my credit card account as detailed below to pay our/my wedding/baptism fee. This authority remains in force until the fee has been received by Parish of St Paul of the Cross.
Insert details of credit card account to be debited OR pay via EFT. If paying via EFT please use your name and date of sacrament as a Reference.	Name of cardholder
	Type of credit card Mastercard/ VISA / Bankcard
	Account number _ _ _ _ _ _ _ _ _
	Expiry Date -
	CVV _
	EFT DETAILS
	Name: Glen Osmond Parish Bank: CDF (National Aust Bank) BSB: 085:005 A/c No: 487121356
Debit Amount	The one-off deduction will occur on the first Wednesday of this Form being received in the Parish Office
	☐ The amount to be debited is \$ _ -
	(Amount in words)
Insert your signature	Signature Date//
	Couple or child's name
FOR OFFICE USE ONLY:	
FOR OFFICE USE ONLY:	
New Agreement	
Date of Sacrament:	
Date Received:	Date Actioned:
Staff member (actioned by):	