



# HOLY FAMILY PARISH

1D Anzac Road Menai NSW 2234 Australia

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## PLAN GIVING CONTRIBUTION - CREDIT CARD DEBIT AUTHORITY -

**POST OR RETURN TO THE PARISH OFFICE. DO NOT SEND VIA EMAIL.**

Full Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Email: \_\_\_\_\_

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

**PRESENT ENVELOPE**

No: .....

Please Debit my/our Mastercard/ Visa Card on Monday closest to the 15th of the month.

Amount: \$..... Each Month

*I understand that this Authority may be cancelled in writing at my/our Opinion*

### CREDIT CARD DETAILS:

Type of Card *(Please choose one)*



New Subscribers Only:

**NEW ENVELOPE**

No: .....

Card Number:

Expiry Date:     CCV:

Name on Card: .....

Cardholder's Signature: .....

**\*ONCE COMPLETED PLEASE PLACE FORM IN THE SILVER POST BOX LOCATED OUTSIDE THE PARISH OFFICE\***