



HOLY FAMILY PARISH

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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 the 25th 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