

MARY QUEEN OF APOSTLES PARISH
THE GOULBURN MISSION

36 VERNER ST (PO BOX 11)

Tel: 0248 21 1022

Fax: 02 4822 5398

EMAIL: goulburn@cg.org.au

CREDIT CARD PAYMENT

Name: _____

I request and authorise Mary Queen of Apostles Parish to arrange funds to be debited from my nominated credit card as detailed below:

NAME ON CARD: _____

CREDIT CARD NUMBER: _____

EXPIRY DATE: _____

CV NUMBER: _____

AMOUNT: _____

PAYMENT FOR: _____

Please note that your details will be held in the strictest of confidence and will be destroyed once loaded on the Bpoint System which forms part of the Commonwealth Bank.

SIGNATURE ON CARD: _____

DATE: _____

EMAIL FOR RECEIPT PURPOSE: _____