

# Payment Authorization Form for Credit Card Donations

For St. Joseph the Worker Parish, 753 Burnside Rd. West, Victoria, BC V8Z 1M9

Parishioner's Last Name: \_\_\_\_\_

Parishioner's First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Donation Amount: \$ \_\_\_\_\_

(Payment Schedule is monthly on the 5<sup>th</sup> of each month)

My Credit Card Donation will start: \_\_\_\_\_(ddmmmyyyy)

and will end: \_\_\_\_\_(ddmmmyyyy)

Credit Card Type:  Mastercard  Visa

Credit Card Number \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Credit Card Expiry Date: \_\_/\_\_/\_\_ (mm/yy)

Three digit number on the back of card: \_ \_ \_

(Please advise the office of any changes to your credit card to avoid the parish bank service charges)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date