



## *Credit Card Authorisation*

I / We .....(name)  
of .....(name of church) authorise you, the Network  
of Christian Reformed Churches of Southern Tasmania Inc. to charge my credit card  
(details which appear below) each month for the amount of \$.....

**Please specify what your donation is for (giving, MTS etc)**

\_\_\_\_\_

Please debit my / our account at the frequency indicated below.

Monthly (please circle your preferred monthly debit date)

**1<sup>st</sup>**    **or**    **15<sup>th</sup>**    (the credit card will be debited on the Tuesday  
following the date you nominate.)

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My / Our Credit Card Details are:

Visa card       MasterCard

Name on card .....

Expiry date...../.....

Card Number    \_ \_ \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_

Signature.....      Date...../...../.....

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