



CREDIT/DEBIT CARD CONTRIBUTION AUTHORISATION

Id Number: _____

I would like to make regular payments of \$ _____ with my credit/debit card:

- Family Support _____
 Ministry Funds _____

Please debit my Visa MasterCard

Card Number _____ / _____ / _____

Name on card _____ (Please print clearly) Expiry Date: _____ / _____

(Please ensure that the expiry date covers the period of authorisation, if not, we will send a new form when your current card expires)

I authorise Christian Radio Missionary Fellowship Australia to debit my credit/debit card account on the _____ day of every month / quarter / year. This agreement is dated _____ and will expire in _____ months/years or on _____ when my card expires, when a new authorisation form will be sent to me.

Signed _____

(If emailing this form and you have the facilities to add a signature and wish to do this, please insert signature, or sign then scan and send it back, if you are unable to do either of these options we will take the returned form as authorisation)

Name: _____

Address: _____

_____ State: _____ Postcode: _____

Country: _____