



10404 – 102 Street, Grande Prairie, Alberta T8V 2W3

website: saintjoseph.ca
email: sjc-finance@gpcsd.ca
(780) 532-2351 Fax: (780) 538-2286

Monthly Credit Card Payments

Thank you for your commitment to support our Parish. Please complete all sections.

Contributor(s):

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Credit Card Information

Name of Cardholder: _____ Card type: Visa Mastercard

Card number: _____

Expiry date: _____ CVC #: _____

I, as the cardholder, authorize St. Joseph Church, Grande Prairie to credit my above indicated credit card, under the terms and conditions agreed to by me with St. Joseph Church until such time as written notice to the contrary is given by me. The credit card company at which I have the account is not required to verify that the credit(s) are made in accordance with this authorization.

Please choose one or both of the following:

A credit, in electronic form shall be in the amount of \$ _____ beginning on the 1st day of each month, beginning _____, 20__ for **Sunday Collection**.

A credit, in electronic form shall be in the amount of \$ _____ beginning on the 15th or 30th day of the month, beginning _____, 20__ for the **Building Maintenance Fund**.

Final date of payment (if any): _____

I / We will notify St. Joseph Church, Grande Prairie in writing of any changes in the account information provided herein prior to the next due date of the pre-authorized credit. Items charged in error will be reimbursed subject to notification by me to the credit card company within 90 days under the following conditions: 1) I never provided the authorization to the St. Joseph Church, Grande Prairie; 2) the pre-authorization was not credited in accordance with this authorization; or 3) my authorization was revoked.

Signature of Cardholder:

Cardholder: _____ Date: _____