



Lifestreams
Christian Church
SOUTH PERTH
A Christ Centred Community

CREDIT CARD AUTHORITY

FAX -- PHONE -- EMAIL -- POST

Facsimile: 08 9313 1604 Phone: 08 9313 1600 Email: southperth@lifestreamscc.com

Post to Lifestreams Christian Church
PO Box 1075
BENTLEY DC 6983

Date _____

Authorisation to Debit Credit Card Account

Payment Options Weekly Fortnightly Monthly Quarterly One time gift

Payment Method Visa Bank Card Master Card

Card Number:

Expiry Date: _____ / _____

Cardholder's Name: _____

Amount: \$ _____

I hereby authorise Lifestreams Christian Church to deduct from my credit card the above amount for the purpose listed.

Purpose: Regular Tithe & Offering

Cardholder's Signature: