

BERCS

Barneys Easy Regular Contribution Scheme



DIRECT DEBIT REQUEST FORM

Until further notice, I/we request you, St Barnabas Church Broadway, to arrange funds to be debited from my/our nominated Credit Card Account at the financial institution shown below and credited to: **St Barnabas Church Broadway** account according to the schedule specified.

- New Application
 Change of existing Application

Name: _____

Address: _____

Phone: (daytime) _____

Service usually attended: Morning BOCC Evening

Signature: _____

Date: ___/___/20___

MONTHLY DEBIT FROM CREDIT CARD

TYPE OF CARD: MasterCard
 Visa

Card No.:

Expiry Date: __/__/__

Cardholder Name: _____

Signature: _____

Please debit \$ _____ on (or after) the 1st of each month beginning in the month of
_____ 20 _____