CREDIT CARD AUTHORISATION FORM



Applicant details (for email/faxed/posted applications only)	
Title	Given Name/s Surname
No.	Street Suburb
Postcode	Phone Mobile
_	
Credit C	ard details
-	Details (please specify the reason for payment and locality where it applies. ie Application number,
Licence nun	nber, Permits etc.)
Lauthorise	City of Parramatta Council to debit my credit card as follows:
	card Disa Amex*
Credit Card	d Number
Expiry Date	e CCV/CID* Amount
	\$
Date	Cardholder Name (Please Print) Cardholder's Signature
* For Mastera	card and Visa CCV is the 3 digits at the back of your card. For Amex CID is the 4 digits at the front of your card.
Torradicie	and the visa GGV is the staigles at the stack of goal card. For Amex GIS is the varieties at the none of goal card.
OFFIC	CE USE ONLY
Council	Officer Name Account Code Receipt Number
Council	Officer's Signature Date
Council	Officer's Signature Date

Privacy Protection Notice

City of Parramatta Council is collecting your personal information in order to enable City of Parramatta Council to process your application. The intended recipient of the information is City of Parramatta Council. While the supply of this information is voluntary, the personal information you provide will enable City of Parramatta Council to process your application. The personal information can be accessed by you and may also be available to third parties in accordance with Council's Access to Information Policy and Privacy Management Plan. You may make an application for access or amendment to personal information held by City of Parramatta Council. City of Parramatta Council will consider any such application in accordance with the Privacy and Personal Information Protection Act 1998. City of Parramatta Council is the agency that holds the personal information. City of Parramatta Council may be contacted on 1300 617 058 or at 126 Church Street, Parramatta NSW 2150.