



PARRAMATTA CITY COUNCIL

CREDIT CARD AUTHORISATION FORM

Please use **BLOCK CAPITALS** and tick boxes as required.

Please fill out fields on a computer, then print before completing rest of form with a pen.

APPLICANT DETAILS *(for faxed/posted applications only):*

| | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| Title | Given Name/s | Family Name | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| Address: | No. | Street | Suburb | Postcode |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Contact Details: | Daytime Phone No. | | Mobile No. | |
| | <input type="text"/> | | <input type="text"/> | |

CREDIT CARD DETAILS

Payment Details *(please specify the reason for payment and locality where it applies)*

I authorise Parramatta City Council to debit my credit card in the amount of

Cardholder's Name *(please print name in capital letters)*

Credit Card Details (**Note:** American Express Credit Card is **NOT** accepted)

Visa Mastercard Bankcard

| | | | |
|----------------------|-------------------------|-------------------------|----------------------|
| CCV No* | Credit Card Expiry Date | Card Holders Signature: | Date: |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

OFFICE USE ONLY

| | |
|------------------------------|----------------------|
| Council Officer Name: | Account Code |
| <input type="text"/> | <input type="text"/> |
| Receipt No: | |
| <input type="text"/> | |
| Council Officer's Signature: | Date: |
| <input type="text"/> | <input type="text"/> |

Note:

* Last 3 digits of the number located at the back of the card