



PARRAMATTA CITY COUNCIL

CREDIT CARD AUTHORISATION FORM

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

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Card Holders Signature

Date

Credit Card Expiry Date

OFFICE USE ONLY

Council Officer Name:

Account Code

Receipt No:

Council Officer's Signature:

Date: