

Credit Card Payment Authorisation

Mail Locked Bag 1, Bundoora MDC 3083
Offices, 25 Ferres Blvd, South Morang VIC 3752

Card type Visa Mastercard

Card number _____ / _____ / _____

Expiry date (MM/YY) _____ / _____

Cardholder name _____

Payment amount **\$** _____

I authorise **City of Whittlesea** to charge the amount stated above.

Cardholder signature _____

Date _____ / _____ / _____

Project address _____

In the event that Council needs to discuss this payment further, the contact person is:

Name _____

Phone _____

Office use only				
_____	/	_____	/	_____
_____	/	_____	/	_____
_____	/	_____	/	_____
_____	/	_____	/	_____
_____	/	_____	/	_____
_____	/	_____	/	_____
_____	/	_____	/	_____