Credit Card Payment Authorisation

City of Whittlesea

To avoid delays please <u>attach</u> this completed authorisation to the invoice/s or application/s that you are paying.

Credit Card Details

Type of Card
(Please tick) ☐ Visa ☐ Mastercard

Card   Number   _____/_____/_____/_____

Expiry Date   ____/____

Cardholder Name   _____

Payment Amount   **$**_____

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

Cardholder Signature _____   Date   _____/_____/_____

Itemised Details

Qtv	Amount	Details	Total
	$		$
	$		$
	$		$
			$

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

N ame   _____

Address   _____

_____

Phone   _____

IMPORTANT: Maximum accepted per transaction is $10,000.