

## (FS-FO-304) CREDIT CARD AUTHORITY FORM

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby authorise Griffith City Council to charge my Credit Card for \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

Please tick appropriate boxes:

☐ Visa ☐ Mastercard

Clearly Print Name on Card: \_\_\_\_\_

Card Number:

Expiry Date:   /   CCV (last three digits on back of your card):

**Cardholder Signature:** \_\_\_\_\_

(Your signature is required by law to process a credit card payment – not required if by telephone)

Type of Payment: ☐ Rates (1) ☐ Rates/Water Reprint (176)

☐ Water (2) ☐ Photocopying/Printing (38)

☐ Animal Rescue (622) ☐ Other \_\_\_\_\_

Assessment Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

Receipt YES ☐ Post (see above address) NO ☐

☐ Email (see above address)