

FORM TRIM 14/14258

(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)					

Approved Customer Service Coordinator	Group / System: Financial Services				Document ID: FS-FO-304	Version: 2
Relevant To:	Date Issued:	14-Oct-09	Revised:	12 Dec 2018	Status: Approved	Page: 1 of 1