

Credit Card Payment Authorisation



City of Whittlesea

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

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

Credit Card Details

Type of Card
(Please tick)

Visa Mastercard

Account Number

Expiry Date

/

Payment Amount

Cardholder
Name

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

Cardholder
Signature

Date / /

Itemised Details

Qty	Amount	Details	Total
	\$		\$
	\$		\$
	\$		\$
TOTAL			\$

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

Name

Address

Phone