



CREDIT CARD PAYMENT AUTHORITY

Payment Details

Payment Details:  

Credit Card Number:

Card Expiry Date: /

Please debit my Credit Card with the amount of: \$ _____

Cardholder's Name
(as shown on the card): _____

Cardholder's Signature: _____
OR

**No signature available / authorised by: _____
Date: _____

Postal Address: _____
_____ Post Code: _____

Property Address: _____
_____ Post Code: _____

Telephone: (_____) _____

Assessment Number: -

Infringement Number:

Car Registration Number:

- Please note - you must complete:*
- Amount
 - Card Type
 - Card Number
 - Expiry Date
 - Signature

If any of these details are missing, this credit card payment request cannot be processed.