

# Credit Card Authorisation

**This form is to be completed by the card holder, or designated officer of the City if received over the phone.**

|  |                                      |   |   |   |  |   |  |  |   |  |   |  |  |  |  |  |
|--|--------------------------------------|---|---|---|--|---|--|--|---|--|---|--|--|--|--|--|
| <b>Card Holder Authorisation</b>   |                                      |   |   |   |  |   |  |  |   |  |   |  |  |  |  |  |
| I hereby authorise the City of Joondalup to debit the credit card identified below.  |                                      |   |   |   |  |   |  |  |   |  |   |  |  |  |  |  |
| For the amount of <b>\$</b> _____ (total amount due)   |                                      |   |   |   |  |   |  |  |   |  |   |  |  |  |  |  |
| I acknowledge that a declined payment may instigate collection proceedings by the City of Joondalup.   |                                      |   |   |   |  |   |  |  |   |  |   |  |  |  |  |  |
| <b>Purpose of Payment</b>  |                                      |   |   |   |  |   |  |  |   |  |   |  |  |  |  |  |
|  |                                      |   |   |   |  |   |  |  |   |  |   |  |  |  |  |  |
| Property Number (if applicable):   |                                      |   |   |   |  |   |  |  |   |  |   |  |  |  |  |  |
| <b>Personal Details</b>  |                                      |   |   |   |  |   |  |  |   |  |   |  |  |  |  |  |
| Name:  |                                      |   |   |   |  |   |  |  |   |  |   |  |  |  |  |  |
| Address:   |                                      |   |   |   |  |   |  |  |   |  |   |  |  |  |  |  |
| Billing Address: (if different from above)   |                                      |   |   |   |  |   |  |  |   |  |   |  |  |  |  |  |
| Phone:   |                                      |   |   |   |  |   |  |  |   |  |   |  |  |  |  |  |
| Signed: (to be signed by a City of Joondalup Officer if telephone authorisation)   |                                      |   |   |   |  |   |  |  |   |  |   |  |  |  |  |  |
| Cardholder Signature:  | City of Joondalup Officer Signature: |   |   |   |  |   |  |  |   |  |   |  |  |  |  |  |
| Date:  |                                      |   |   |   |  |   |  |  |   |  |   |  |  |  |  |  |
| <b>Credit Card Information</b>   |                                      |   |   |   |  |   |  |  |   |  |   |  |  |  |  |  |
| Credit Card Number:  |                                      |   |   |   |  |   |  |  |   |  |   |  |  |  |  |  |
| <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="font-size: 18pt; padding: 0 5px;">-</td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="font-size: 18pt; padding: 0 5px;">-</td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table> |                                      |   |   |   |  | - |  |  |   |  | - |  |  |  |  |  |
|  |                                      |   |   | - |  |   |  |  | - |  |   |  |  |  |  |  |
| Expiry Date:   | Card Security Number:                |   |   |   |  |   |  |  |   |  |   |  |  |  |  |  |
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|  |                                      | / |   |   |  |   |  |  |   |  |   |  |  |  |  |  |
| Credit Card Type:  |                                      |   |   |   |  |   |  |  |   |  |   |  |  |  |  |  |
| <input type="checkbox"/> <b>Visa</b> <input type="checkbox"/> <b>Mastercard</b>  |                                      |   |   |   |  |   |  |  |   |  |   |  |  |  |  |  |
| Name on Card:  |                                      |   |   |   |  |   |  |  |   |  |   |  |  |  |  |  |
| Signature: <span style="float: right;">(leave blank if received over the phone)</span>   |                                      |   |   |   |  |   |  |  |   |  |   |  |  |  |  |  |

|                        |                                 |
|------------------------|---------------------------------|
| <b>Office Use Only</b> |                                 |
| Received by:           |                                 |
| Authorised by:         | Signature:                      |
| Date:                  | Invoice Number: (if applicable) |