



# CREDIT CARD PAYMENT FORM

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<b>Introduction</b>	This form must be used for providing payment by credit card for Council services. Please attach this form with any relevant documentation to ensure fast processing of your payment.
<b>Applicant Details</b>	Name:.....  Mailing Address:.....  Phone Number:.....  Application Number (DA no. etc):.....
<b>Amount to be Debited</b>	\$
<b>Card Details</b>	Card No: _____  Expiry: __ / __  Name on Card:.....  Signature:.....Date:.....  <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express  <b>NOTE: A merchant fee surcharge is applicable to all credit card payments</b>
<b>Your Privacy</b>	The personal information you have supplied on this form is legally required and assists Council officers when determining your application. Failure to provide some details may result in rejection or delays. The details provided are not publicly available. At any time you have access to view or correct any information you have supplied.
<b>Office Use Only</b>	Officer Initials: _____ Date: _____  Receipt No: _____