



CREDIT CARD PAYMENT FORM

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Introduction	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.
Applicant Details	Name:..... Mailing Address:..... Phone Number:.....
Amount to be Debited	\$
Card Details	Card No: _____ Expiry: __ / __ Name on Card:..... Signature:.....Date:..... <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express NOTE: A merchant fee surcharge is applicable to all credit card payments
Your Privacy	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.
Office Use Only	Officer Initials: _____ Date: _____ Receipt No: _____