



**CREDIT CARD PAYMENT FORM**

I.....HEREBY AUTHORISE  
**(NAME AS IT APPEARS ON CREDIT CARD)**  
WINGECARRIBEE SHIRE COUNCIL

TO DEBIT MY CREDIT CARD NO.(BANKCARD/MASTERCARD/VISA ONLY – NO DINERS OR AMEX)

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EXPIRY DATE:...../.....

Total: \$.....  
\$..... (plus 1%)  
\$.....(Amount credit card is debited)

CUSTOMER HAS BEEN ADVISED OF 1% SURCHARGE PHONE  
FOR PAYMENT OF THE FOLLOWING:

NO:.....

.....(PLEASE STATE)

STAFF MEMBER TO SIGN:...../.....

REC.NO:..... DATE:...../.....



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