INNER WEST COUNCIL

CREDIT CARD AUTHORISATION

HOW TO COMPLETE THIS FORM

1. Complete all fields ensuring that all mandatory fields marked with * have been completed
2. Once completed submit this form to Inner West Council - Leichhardt Service Centre by either email to leichhardt@lmc.nsw.gov.au ; by post to PO Box 45 LEICHHARDT NSW 2040; or by fax to 9367 9111
3. Payment will not be processed unless all information is present, including if other relevant forms/documentation needs to be attached.

CUSTOMER DETAILS

Surname *		Given Name/s *	
Company Name * (if applicable)			
Postal Address			
Suburb		Postcode	
Home Phone Number		Business Number	
Mobile		Fax Number	
Email address			

Reason for Payment: If paying for multiple services, please itemise.
If you are paying an invoice please state the Debtor ID and Invoice Number

OFFICE USE ONLY

Application Number or details			
Council Officer:		Date:	
Receipt Number		Amount	$

CREDIT CARD DETAILS

Please note that an additional 0.8% merchant service fee will apply to all payment made by credit card.

Cardholders Name * (Please print in capital letters)

Credit Card Details * (Visa and MasterCard only) ☐ Visa ☐ MasterCard

CVC * (3 digit reference on the back of credit card) **Credit Card Expiry Date ***

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AUTHORISATION

I hereby authorise Inner West Council to debit my credit card in the amount of: * (Please specify the amount)	$

Card Holders Signature *			
Contact Telephone No. *		Date *	
Is a receipt required? (Unless otherwise stated the receipt will be made out to the cardholders name)			