

## **Credit Card Authorisation**

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

Card Holder Authorisation	
I hereby authorise the City of Joondalup to debit the credit card identified below.	
For the amount of \$	(total amount due)
I acknowledge that a declined payment may instigate collection proceedings by the City of Joondalup.	
Purpose of Payment	
Property Number (if applicable):	
Personal Details	
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:	
Credit Card Information	
Credit Card Number:	
Expiry Date: Card Security Number: Credit Card Type:	
	☐ Visa ☐ Mastercard
Name on Card:	
Signature:	(leave blank if received over the phone)
orginatoro.	(loave blank in received even the priority)
Office Use Only	
Received by:	
Authorised by:	Signature:
Date:	Invoice Number: (if applicable)