



**Camden Council**

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## Credit Card Authorisation Form

**Reason for Payment:**

**CREDIT CARD DETAILS**

Please note that an additional 0.65% 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

/

**AUTHORISATION**

I hereby authorise Camden 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)