



CREDIT CARD AUTHORITY

Tick Card Type

Visa



Mastercard



Card Number: _____

Expiry Date: ____/____

Verification Code: _____

Please debit my account of an amount not exceeding \$ _____ for the following item(s):

Name: _____

Address: _____

_____ Tel: _____

Signature: _____

Date: _____

Office Use: Attach credit card receipt to this Authority & return to Hawthorn