

## Credit Card Payment Form

Credit Card Authorisation	
1,	hereby authorise the City of Canning to deduct
\$ from my Credit Card, being payment for:	
DESCRIPTION	
Payment Details	
Card Type: Please tick appropr	iate box:
□м	asterCard
*Please note that a surcharge fee of 0.46% will be applied to any payment made by credit card*	
CARD NUMBER:	
CARD EXPIRY DATE:	
Month	Year
Full Name on Card	
Address	
Phone Number	
Mobile	
Signature	
Date	
Office Use Only	
Data Dasabasal	
Date Received	
Amount Received	
Receipt Number	

Tel: (08) 92310606 Fax: (08) 9458 2353 Email: customer@canning.wa.gov.au