

## CREDIT CARD PAYMENT

**TO: CITY OF MANDURAH  
ATTN CUSTOMER SERVICES**

**FAX NO: (08) 9550 3888**

Please accept my credit card details in payment for \_\_\_\_\_

I authorise you to deduct the following charge \$ \_\_\_\_\_ with the card details as follows:

Card no: \_\_\_\_\_

Expiry date: \_\_\_\_\_

Card Name: \_\_\_\_\_

Circle appropriate:      Bankcard                      Mastercard                      Visa

Signature: \_\_\_\_\_

Should you require a receipt, please list postal address below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_