



CAVANBAH CENTRE

Authority to charge CREDIT CARD

I,, the undersigned, authorise

Byron Shire Council (Cavanbah Centre) to charge amounts indicated to the following credit card:

Amount: \$.....

Payment for:
.....
.....

CONTACT NAME:		
ADDRESS:		
PHONE:	MOBILE:	FAX:

PAYMENT SLIP

I wish to pay by MASTERCARD VISA
Expiry date ____/____

Card Number

I authorise a credit card fee of 0.42% to be added to the above amount.

		/ /
CARDHOLDER'S NAME	SIGNATURE	DATE

Please return to FAX 6680 8782 or email info@cavanbah.byron.nsw.gov.au or

**Mail to: Cavanbah Centre
249 Ewingsdale Road
Byron Bay NSW 2481**