



Authority to Charge CREDIT CARD

I.....,the undersigned, authorise **Byron Shire Council** to charge the amount indicated below to the following credit card

Amount	\$	
Payment for		
<i>Where applicable, please state application number/s</i>		
Contact name		
Address		
Contact number		
Alternative number		
Fax or email		
I wish to pay by	<input type="checkbox"/> Mastercard	Expiry date:
	<input type="checkbox"/> Visa	CCV code:
Card number		
<i>I authorise a credit card fee of 0.42% to be added to the above amount</i>		
<i>Card holders name</i>	<i>Signature</i>	<i>Date</i>

Please return to:

POST: PO Box 219 MULLUMBIMBY NSW 2482 or
EMAIL: payments@byron.nsw.gov.au