



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:
FAX: 02 6684 3018 or
POST: PO Box 219 MULLUMBIMBY NSW 2482 or
EMAIL: payments@byron.nsw.gov.au