

CREDIT CARD AUTHORISATION FORM

PURPOSE OF PAYMENT

CONTACT DETAILS

First name

Surname

Street number

Street name

Suburb

Postcode

Phone number

Email address

CREDIT CARD DETAILS

Cardholder signature is required before processing

I would like to pay by: Mastercard Visa

**Please note a 0.5% transaction fee will be charged on all credit card transactions.
A receipt can be issued upon request. Cardholder signature is required before processing.**

Card number

Cardholder name

Expiry date

Cardholder signature

Date

Amount

OFFICE USE ONLY

Receipt No.

Date

CONTACT US

Penrith City Council
601 High Street
PENRITH NSW 2750

PO Box 60
PENRITH NSW 2751

PHONE: (02) 4732 7777

FAX: (02) 4732 7958

EMAIL: council@penrithcity.nsw.gov.au

WEB: www.penrithcity.nsw.gov.au