

Credit Card Authorisation Form

D. W. J. Of O.		
Particulars Of Owner		
l,		
(Given names)	(Surname)	(Date of Birth)
of		
(Company Name if Applicable)	(Complete Address)	
ONE-OFF AUTHORISATION: (cross of	ut if not applicable)	
Reason for payment, and amount of pay	yment:	\$\$
ON-GOING AUTHORISATION: (cross	out if not applicable)	
I am the authorised card holder and I a	m over 18 years of age.	
		card upon my instructions (as specified below) and the Litchfield Council at any time in writing if I wish
Please fill out credit card details below:	:	
Name on Card:	xpiry:/CV	/V:
Email		(please provide email address)
Phone		(please provide telephone number)
Mail		(please provide address)
	cil to any total payment, when using credit or deb	
Request for charge:	, , ,	,
Rates Payment (;	\$)
(Assessment No.) Rates Search \$88.00	(Property Address)	(amount weekly/fortnightly/monthly
Planning Applications \$	Form/Invoice	
Other () (Please specify)
·	will contact the authorised person if a paym t is successful.	ny changes to card details or to remove the card ent has declined. Litchfield Council will not proceed

PRIVACY STATEMENT (Litchfield Council GOV03 Privacy): The personal information requested on this form is being collected by Council for charging fees in relation to the identified service. The personal information will be used by Council for that primary purpose or directly related purpose. The personal information collected will be disclosed to Council's bank or other financial institution for processing payments and will not otherwise be disclosed unless required by law. If the information is not collected an alternative payment method will be required before your service request can be processed. The applicant understands that the personal information provided is for charging fees and that he/she may apply to Council for access to and/or amendment of the information. Please see Council's Privacy Policy for further information about how the Council uses personal information.

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