



CITY OF PARRAMATTA COUNCIL | CREDIT CARD AUTHORISATION FORM

(Please use BLOCK CAPITALS and tick boxes as required)

APPLICANT DETAILS

Name:

Title

Given Name/s

Surname

Address:

No.

Street

Suburb

Postcode

Contact Details:

Business Phone No.

Mobile No.

CREDIT CARD DETAILS

Payment Details:

I authorize City of Parramatta Council to debit my credit card in the amount of

Cardholder's Name:

Credit Card Details (American Express is NOT accepted)

CCV No:

Credit Card Expiry Date:

Card Holder Signature:

Date:

Council Officer:

Account Code:

Receipt No:

Date:

Contact us:

council@cityofparramatta.nsw.gov.au | 02 9806 5050
@cityofparramatta | PO Box 32, Parramatta, NSW 2124
ABN 49 907 174 773 | cityofparramatta.nsw.gov.au