



**2017 AGED EVENT PAYMENTS
CREDIT CARD AUTHORITY FORM**

I(name)
of
.....

Hereby authorize the NCHA to debit my credit card as per below. I understand that all credit card transactions incur a 1.5% transaction fee. I accept responsibility for the amount of credit available on my card. My credit card details are as follows:

Payment Details – PLEASE PRINT CLEARLY

Card Holders Name _____

Card Holders Signature _____

(B/C, M/C VISA only accepted)

Credit Card Number ___/___/___/___ Exp Date __/___ CCV___

HORSE'S NAME	EVENT	PAYMENT DATE	INSTALMENT AMOUNT	AUTOMATIC DEDUCTION
		1 OCT 2016		YES/NO
		1 NOV 2016		YES/NO
		1 DEC 2016		YES/NO
		11 JAN 2017		YES/NO
		1 FEB 2017		YES/NO
		1 MAR 2017		YES/NO

Please note that all credit card payments are subject to a 1.5% fee on the final total.

NCHA return fax number: 02 67659354

Email: shows@ncha.com.au