



## 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 \_\_\_

Payment being for.....

**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: [admin@ncha.com.au](mailto:admin@ncha.com.au)**

**Post to: PO Box 7092 NEMSC NSW 2348**