



**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 2017		YES/NO
		1 NOV 2017		YES/NO
		1 DEC 2017		YES/NO
		12 JAN 2018		YES/NO
		1 FEB 2018		YES/NO
		1 MAR 2018		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](mailto:shows@ncha.com.au)**