

# Credit Card Payment Form



<b>Introduction</b>	This form can be used for providing payment by credit card for Council services. Please attach this form to the front of any relevant documentation to ensure fast processing of your payment. <b>Please note there will be a 1% credit card transaction fee applied based on the transaction amount</b>		
<b>Payment Details</b>	Please charge my credit card for payment of: <input type="checkbox"/> Property Rates (please specify customer reference no.)..... <input type="checkbox"/> Resident Parking Permit <input type="checkbox"/> Tree Pruning/Removal Application <input type="checkbox"/> Zoning (s149) Certificate <input type="checkbox"/> Outstanding Rates (s603) Certificate <input type="checkbox"/> Documents (please specify) ..... <input type="checkbox"/> Other (please specify) .....		
<b>Payment Amount</b>	\$ <input style="width: 150px; height: 20px;" type="text"/>	<b>(Excluding credit card transaction fee of 1%)</b>	
<b>Cardholder Details</b>	Name on Card: ..... Address: ..... Suburb: .....Postcode: ..... Phone Numbers:.....		
<b>Card Details</b>	<input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA  Card No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  Expiry date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>  Signature of Cardholder ..... Date .....  <b>* Please note that this payment is subject to approval of funds by your financial institution.</b>		
<b>Council Details</b>	<b>Marrickville Council Citizens' Service Centre</b> 2 Fisher St Petersham NSW - DX 3910 Annandale - PO Box 14 Petersham NSW 2049 <a href="http://www.marrickville.nsw.gov.au">www.marrickville.nsw.gov.au</a> - E-mail: <a href="mailto:council@marrickville.nsw.gov.au">council@marrickville.nsw.gov.au</a> Phone: 02 9335 2222 Fax: 02 9335 2029		
<b>Your Privacy</b>	The personal information you have supplied on this form is legally required and assists Council officers when determining your application. Failure to provide some details may result in rejection or delays. The details provided are not publicly available. At anytime you have access to view or correct any information you have supplied. The information you have supplied will be stored at Council offices.		
<b>Office Use</b>	By Phone?	Initial:	Date:
	Ref No:	Receipt No:	Date: