

Credit Card Authorisation Form

PERSONAL DETAILS	
First name:	Surname:
Mobile:	Email:

I AUTHORISE THE FOLLOWING PAYMENTS TO BE DEDUCTED FROM MY CREDIT CARD

\$_____ fortnightly on a Thursday from ___/___/_____ until paid in full.

CREDIT CARD DETAILS	
Account <u>or</u> Card Holders Name:	
Type of Card	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa
Credit Card Number	_____ - _____ - _____ - _____
Expiry Date	___ / ___
Signature	✕

ACKNOWLEDGMENT OF TERMS AND CONDITIONS

- I acknowledge by signing this repayment plan form I have read and understood the following terms and conditions;
- I acknowledge that my repayment plan will continue until the amount is paid in full.
- I acknowledge that if my repayment plan rejects more than twice, my membership will be cancelled and remaining balance will be referred to our debt collection agency.
- I acknowledge it is my responsibility to ensure my card details remain up to date.

Customer Signature:	Date:
Staff member:	Date:
Approved by:	Date: