



Authorisation for
Credit Card Payment
to Upper Lachlan Shire Council

Send your form to: The General Manager Upper Lachlan Shire Council PO Box 42 GUNNING NSW 2581 Email: council@upperlachlan.nsw.gov.au Or submit to: 44 Spring Street, Crookwell	If you need help: Contact Council on: 4830 1000 Or Come and see us at: 44 Spring Street, Crookwell 123 Yass Street, Gunning 29 Orchard Street, Taralga	OFFICE USE ONLY: Officer _____ Amount _____ Receipt No. _____ Receipt Date _____ Receipt to code _____
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Customer Details

It is important that we can contact you if we need more information or if there is a problem with your payment. Please give as much detail as possible.	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other	Your Reference: _____
	Business / Company Name _____	
	Contact name(s) _____	
	Postal address _____ _____	
	Daytime Phone _____ Mobile _____	
	Email address _____	
	Send copy of receipt by <input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/> Receipt not required	

Payment Details

Describe what this payment is for, so we can correctly allocate your payment. Please include any relevant reference numbers (e.g. application number)	_____

	What is this Payment for? _____

Credit Card Details

Please debit my	<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa (other card types are not accepted at this time)
Payment amount	_____
Credit Card number	_____ / _____ / _____ / _____
Card Expiry date	_____ CVV (3 digits) _____
Card holders name	_____
Card holders signature	_____