

RESOURCE AND FACILITY HIRE

Credit Card Deduction Authority



APPLICANT AUTHORISATION:

I/We,

Company Name:	ABN (if applicable):	
Address:	Suburb:	Postcode:
Mobile:	Telephone:	

- authorise North Sydney Council to arrange for funds to be debited from my/our account at the financial institution identified. This authorisation is to remain in force until further notice is received in writing.
 - understand and acknowledge that:
 - it is the responsibility of the customer to ensure that **CLEAR** funds are available in the account on any due date.
 - any debit which is dishonoured will be reversed from the account and a dishonour fee will be charged to the account.**
- N.B. The bond refund will be returned to the cardholder unless advised (in writing) to do otherwise.

Signed: _____ Date: _____

PRIVACY STATEMENT

Personal details requested on this form will only be used for the purpose of processing your application. The supply of information by you is voluntary. If you cannot provide or do not wish to provide the information sought, the Council may not be able to process your application. Access to the information is restricted to Council officers and other authorised people. You may make application for access or amendment to information held by Council. Applications by members of the public to view Council's records are subject to the provisions of Council's Privacy Management Plan, *Section 18 Government Information (Public Access) Act 2009 & Schedule 1 - Government Information (Public Access) Regulation 2009.*

I have read and understand the Privacy Statement

Signed: Date:

Credit Card Service Fee

Council charges a 0.75% service fee, inclusive of GST on transactions using Visa & MasterCard (credit, debit and prepaid)

BALANCE: MASTERCARD VISACARD

Card Number: ____/____/____/____/____ Expiry Date: ____ Amount \$ ____

Cardholder's Name: _____ Cardholder's Signature: _____

Please specify the amount to be deducted. This form is destroyed as soon as the payment is processed. A new form will need to be forwarded if subsequent payments are made by credit card.

BOND REFUNDS (if applicable): Refunds can only be refunded into a bank account (i.e. not directly back onto your credit card)

I would like my bond refund by cheque (to the address above) I would like my bond refund by EFT

ACCOUNT NAME: . _____ BSB No. _____ ACCOUNT NO. _____

COUNCIL USE:

RESOURCE HIRED:			DATE:		
Code:	Item: Deposit	\$	Code: 55	Item: Advertising Leaflet	\$
Code:	Item: Balance	\$	Code: 260	Item: Key(s)	\$
Code:	Item: Hourly Fee	\$	Code: 168	Item: Traffic/Parking Permits	\$
Code: 253	Item: Insurance	\$	Code: 274	Item: Lodgement/Assessment	\$
Code: 249	Item: Litter Bin(s)	\$	Other:	Item:	\$
Code: 102	Item: Advertising Leaflet Bond	\$	Other:	Item:	\$
Code: 103	Item: Community Centre Bond	\$			
					Total: \$
Date:	Receipt No.		Amount Paid: \$		
Correspondence No.	Booking No.		Film No.		