



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

North Sydney Council is collecting your personal information for the purposes of processing an application or submission. The supply of personal information is entirely voluntary. If you elect not to provide or do not wish to provide your personal information, Council may not be able to process your application or act on or acknowledge your submission. North Sydney Council shall be regarded as the agency that holds your personal information and access to your personal information by interested parties, may be released in line with Council policies. North Sydney Council may publish any personal information included in a submission on a proposal or proposed development. You have a right to access your personal information held by Council. You also have a right to have your personal information corrected or amended by Council. Applications by members of the public to view Council's records which are not in the public arena are subject to the provisions of Privacy and Personal Information Protection Act 1998, Government Information (Public Access) Act 2009 and North Sydney Council's Privacy Management Plan.

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.			