THE VICTORIAN
Wakeful Club

Authorisation for Credit Card Use

PRINT AND COMPLETE THIS AUTHORISATION AND RETURN.
All information will remain confidential

Name on Card: _____

Billing Address: _____

_____

Credit Card Type: _____ Visa _____ Mastercard ____

Credit Card Number: ☐☐☐☐ / ☐☐☐☐ / ☐☐☐☐ / ☐☐☐☐

Expiration Date: ☐☐ / ☐☐

Card Identification Number: ☐☐☐ (last 3 digits located on the back of the credit card)

Amount to Charge: $☐☐☐.☐☐ for _____

I authorise Kate Crosby, as Treasurer of the Victorian Wakeful Club to charge the amount listed above to the credit card details provided. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____

Return the completed and signed form to:

Ms Kate Crosby, 4C/29 Queens Rd, MELBOURNE, VIC 3004