

Credit Card Payment Authority



Mr Mrs Ms Miss Other:

Surname

Given names

Client(s) phone number

Consultant

State / Branch

Card Type: VISA MasterCard AMEX VISA Debit MasterCard Debit

Credit Card number:

Expiry date (MM/YY): /

Amount: \$

Details:

Cardholders name:

I hereby authorise Resimac Ltd to debit my credit card as noted above.

Signature of cardholder

Date (DD/MM/YY): / /

Office Use Only

Client name(s):

Mr Mrs Ms Miss Other:

Surname

First name

Bank

Consultant

Application number