

## For more information

<b>Post</b> Registration Unit GPO Box 1719 ADELAIDE SA 5001	<b>More information</b> <a href="http://www.cbs.sa.gov.au">www.cbs.sa.gov.au</a> Email: <a href="mailto:associations@sa.gov.au">associations@sa.gov.au</a> Phone: 131 882
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Please ensure that this credit card authorisation is securely attached to your application form.

## Credit Card Payments

I hereby authorise the Commissioner for Corporate Affairs to debit my **Visa** or **MasterCard**

for the amount of \$ \_\_\_\_\_

For the purpose of

- An application under the *Associations Incorporation Act 1985*
- An application under the *Co-operatives National Law (SA) Act 2013*
- Other (please specify) \_\_\_\_\_

**Name** \_\_\_\_\_ (as it appears on the card)

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Phone** \_\_\_\_\_

## Credit card number

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**Expiry date**

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**CVV Number**