

Credit Card Payment Authorisation

If you wish to pay by credit card, please complete the following:

ACAT File Number:
(if available)

Applicant:

Respondent:

Your Name:

Title Given name/s Surname/Family name

Telephone:

Home:

Business:

Mobile:

Fee type:

Application \$

Other \$ Please specify

A list of fees is available at www.acat.act.gov.au

Details for credit card payment:

Charge my: MasterCard Visa

Credit card No.:

CCV Number:
(3 digits on the back of card)

Expiry date: /

Cardholder's name:
(as printed on the front of the card)

Amount authorised:

Cardholder's signature:

This form should be provided to ACAT with your application form.