

Credit Card Payment Authorization Form

By signing this authorization form you give ANZAP permission to charge your credit card.

Please complete the information below:

Your Name: _____

I authorize ANZAP to charge my credit card an amount of \$A_____ being Membership Fees for the renewal period 2024/2025.

ACCOUNT TYPE (PLEASE ✓):

Visa

Mastercard

Name on card: _____

Card Number: _____ Exp Date: _____

SIGNATURE: _____ **DATE:** _____

I authorize ANZAP to charge the credit card indicated in this authorization form. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for a once only charge.

Please return completed authority to the ANZAP office by Scan & Email - info@anzap.com.au