

CREDIT CARD AUTHORISATION FORM PROBATE OFFICE



Please complete all sections of this form (except the 'office use only' section), print and send to Registrar of Probates, Supreme Court of Victoria, PO Box 13331, Law Courts, Victoria, 8010.

CARDHOLDER INFORMATION

Cardholder Name:	
Billing Address:	
Contact Number:	
Amount to be charged:	

PAYMENT AUTHORISATION

I _____ hereby authorise the Probate Office of the Supreme Court of Victoria to charge the above agreed amount to my credit card provided herein.

I further confirm that I am the authorised signatory to the identified credit card.

Signed: _____

Date: _____

OFFICE USE ONLY

Processing Officer:	
Date:	
Receipt Number:	

Once the transaction is approved, this portion of the document will be removed and securely destroyed.

Credit Card type:	Mastercard <input type="checkbox"/>	Visa <input type="checkbox"/>
Credit card number:		
Expiration date:		
Card identification number (CCV):		

All information in this document will remain confidential.