

# CREDIT CARD AUTHORISATION FORM

## PROBATE OFFICE



Please complete all sections of this form (except the 'office use only' section), and send via email to [probate@supcourt.vic.gov.au](mailto:probate@supcourt.vic.gov.au)

### CARDHOLDER INFORMATION

Cardholder Name:	
Billing Address:	This must be the billing address linked to the credit card
Contact Number:	This phone number will be called to obtain the credit card details and must be contactable during business hours. Mobile phone numbers are preferred.

### FEE INFORMATION

Amount to be charged:	\$ For more information on fees please visit the <a href="#">fees section of the Supreme Court website.</a>
Payment for:	(i.e. Payment of difference in fee in relation to the estate of XX XX application number S PRB XXXX XXXXX)
Firm Name:	

### PAYMENT AUTHORISATION

I \_\_\_\_\_ understand that the Supreme Court of Victoria will contact me via phone to process payment for the amount specified above.  
I hereby authorise the Supreme Court of Victoria to charge the above agreed amount to my credit card once the details have been provided.

I further confirm that I am an authorised signatory to the identified credit card and have authority to authorise this payment.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

### OFFICE USE ONLY

Processing Officer:

Date/Time:

Receipt Number:

All information in this document will remain confidential.