



CREDIT CARD PAYMENT AUTHORITY

This authority provides the Family Court of Western Australia with the approval to debit the account shown below.

To enable payment, please supply all information sought below.

File No.	File Name	Document Description (ie. Application, Appeal, Transcript, etc)	Amount
Total Amount to be Debited			\$

BE SURE TO CIRCLE CARD TYPE

Please debit my: **VISACARD / MASTERCARD**

Card No. / / /

Expiry Date: /

Date: ____ / ____ / ____

Card Holder Name: _____

Card Holder Signature: _____

CUSTOMER'S NAME: _____ PHONE: _____

ADDRESS: _____

Court Use Only

PAYMENT TYPE: MAIL / FAX / EMAIL

APPROVED: YES / NO

RECEIPT NUMBER:

COURT OFFICER:

Please ensure that this form is attached to the receipt.