

Credit Card Authorisation

Please debit my Visa Mastercard

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Expiry Date:

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Cardholder's Name:Phone No:

Registered Member's Name:

For the amount of \$

Any bank fees associated with a dishonour of this request and charged to either the cardholder or Cairns Hockey Association Inc will be payable by the cardholder.

Signature of Cardholder:Date:

Office Use Only:

CREDIT CARD PAYMENT PROCESSED DATE:BY.....