



**Level 1/18 Deblin Drive**  
**NARRE WARREN VIC 3805**  
**PH. (03) 8789 4988**  
**FAX. (03) 9705-2544**

**Credit Card Direct Debit Authorisation Form**

Dear Customer,

In order to have monthly payments debited from your Credit Card, please fill out the following form and fax back to our office on (03) 9705 2544 or post to;

Golden IT  
 Level 1/28 Webb Street,  
 Narre Warren, VIC, 3805

<b>Customer Name</b>																					
<b>Credit Card Type</b>	Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Bankcard <input type="checkbox"/>																				
<b>Card Number</b>	<table border="1"> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<b>Expiry Date</b>	<input type="text"/> / <input type="text"/>																				
<b>Name on Card</b>																					
<b>Cardholders Signature</b>																					

I/We hereby authorise Golden IT Pty Ltd to process monthly payments for the account(s) listed above. I understand that the monthly fees will continue to be debited until such time as written notice is given to Golden IT Pty Ltd to cease payments.

Signature: \_\_\_\_\_

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