

**AUTHORISATION TO CHARGE CREDIT CARD**

 I hereby authorise U3A North Gold Coast Incorporated to charge my credit card:

 *(Please tick one)*  MasterCard Visa [Diners / American Express not accepted]

With the amount of:

 *(Please write amount in words)* ………………………………………………………………………………………………………..……………………………..……………….

 *(Please write amount in numbers)* $............-……...

 In payment for: (e.g. Membership Fees, Members’ Lunch etc)

 *(Please write purpose of payment)* ………………………………………………………………………………………………………………………….……………….……….

 CARD ACCOUNT NUMBER:

 CARD EXPIRY DATE: *Month/Year*

CARDHOLDER’S NAME: *(Please Print)*……………………………………………..……...………….………………………………………………….……………...

CARDHOLDER’S SIGNATURE:……………………………………………………………..………………….…….………………Date ……..../…….…../….……..

 Nov 2016