



Credit Card Authorisation

Cardholders Name (in full): _____

Master card Visa

Amount: \$ _____

Expiry Date: ____/____/____

Signature: _____

Date: ____/____/____

3 Monthly Authorisation

I, _____ hereby give permission for my credit card (details above) to be debited on a 3 monthly basis for payment of membership fees to the ANMFACT.

Signature: _____

Date: ____/____/____