

DEBIT AUTHORITY

To: Shire of Chapman Valley
Lot 7 Chapman Valley Road
PO Box 1
Nabawa WA 6532

Date: _____

Please charge this purchase to my MasterCard/Visa/Bankcard being for payment of the following account:

Name	Reference Number (i.e. Assessment/Invoice)	Amount

My full card number is:

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Valid from _____ / _____ until end _____ / _____

Name on card _____

Address _____

_____ Postcode _____

Signature of cardholder _____