

Credit Card Payment Authorisation

(Visa or Mastercard only)

To: Owners Corporations Victoria

Please charge my credit card number _____

Expiry Date ____ / ____

In the name of _____

Amount \$ _____

CVV Number _____ (the last three digits of the number on the back of your card)

This payment is in respect of

- Invoice Number _____
- Seminar (order attached) _____
- Membership Application Fee (Application Attached)
- Membership Renewal Fee (Application Attached)
- Advertising _____
- Complaint Fee (Complaint Attached)
- Website Link www. _____
- DVD Purchase (Title) _____
- Bookshop Purchase (Title) _____

Signature _____

Name (Please Print) _____

Receipt Required? Yes / No

Email Address _____