

**OFFICE ONLY:**  
SILQ INVOICE NUMBER:  
SILQ INVOICE DATE:  
FINALISED DATE AND INITIAL:

# A R BYRNE & ASSOCIATES

## CREDIT CARD AUTHORITY FORM

Use this form to pay a fee by credit card or charge card. By completing this form, you authorise **A R BYRNE & ASSOCIATES** to process the payment. Once completed, please return this form by post, (Express Post recommended), or email. Alternatively, you may deliver this form in-person to our office. All information provided will remain confidential at all times.

### YOUR DETAILS:

**Full Name:** .....  
**Address:** .....  
..... **Postcode:** .....  
**Email:** .....  
**Contact:**      **Telephone:** .....      **Mobile:** .....

### YOUR MATTER:

**Case Number:** *(If Known)* .....  
**Reason:**      (For Example: 'Filing Fee' or 'Payment of Invoice (Please Insert Date)')  
.....

### CREDIT CARD DETAILS:

The following surcharges apply to manual credit card transactions: **Visa, Mastercard and American Express 1.4%**. Diners Club is **not** accepted.

I hereby authorise **A R BYRNE & ASSOCIATES** to deduct from my credit card (details below), the following amount:      \$ .....

**Card Type:**       Visa       Mastercard       American Express

**Cardholder:**      Full Name: .....

**Card Number:** .....

**Expiry Date:**      ..... / .....      **CVC/CNN:** .....      

Last 3 digits on the back to card or  
4 digits on the front of card for Amex

.....  
**Cardholder's Signature**

.....  
**Date**