

CREDIT CARD DEDUCTION AUTHORITY

Customer's Authority I/We _____
Name or Company/Business Name

of _____
Address of Premises

authorise Nepean Regional Security Pty limited to arrange for funds to be debited from my/our account at the financial institution identified.

Processing will take place on the 1st day of the month following invoice. If processing cannot be done on the nominated date (eg. Weekends) your payment will be processed on the following business day. Written notification is required to cancel this authority and this request should be sent to Nepean Regional Security at least 48 hours prior to the debit date.

Payment Options

Please charge my credit card (please tick)

Mastercard Visa

Card Number / / /

Expiry date /

Cardholder's Name: _____

Authorisation I/We understand and acknowledge that:

1. Nepean Regional Security may, by prior arrangement and advice to me/us, vary the amount of future debits
2. It is the responsibility of the customer to ensure that CLEAR funds are available in the account on any due date
3. Debit frequency will be monthly on the 1st day of the month following invoice.

Signature: _____

Date: _____