



Swann Agencies

Return form to one of the following:
Postal: PO Box 1515, Coorparoo DC Qld 4151
Fax: 07 3392 4022
Email: admin@swannagencies.com.au

Credit Card Payment Agreement Form

Authorisation Agreement

I hereby authorise **Swann Agencies** to charge my credit card account at the financial institution named below.

This agreement will remain in effect until the payment has been processed and received by **Swann Agencies** or receives a written notice of cancellation from me or my financial institution, or until I submit a new Agreement form to the Accounts Department.

Payment Details

Amount: \$ _____
Reference: _____

Account Information

Name of Card Holder: _____
Bank: _____
Type of Card: Visa Mastercard AMEX
Card Number: _____
Expiry Date: ____ / ____ CSV Number: _____

Authorisation Signature

Signature: _____ Date: ____ / ____ / ____

Comments

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