



# QUEENSLAND OSTOMY ASSOCIATION INC.

A.B.N. 61 984 688 175

## CREDIT CARD / DEBIT CARDS FACILITY

**NOTE:** PLEASE NOTE THAT A PROCESSING FEE WILL BE APPLIED TO ALL CREDIT CARD / DEBIT CARD TRANSACTIONS

**NAME OF MEMBER** \_\_\_\_\_

**ENTITLEMENT NO.** \_\_\_\_\_

### CARD DETAILS

**CARD TYPE :** CREDIT    DEBIT    SAVINGS    CHEQUE ACCOUNT (*circle one*)

**ISSUED BY:** \_\_\_\_\_

(eg MASTERCARD / VISA / OTHER (*circle one – specify above if OTHER*))

**CARDHOLDER'S NAME:** (*as it appears on Card*) \_\_\_\_\_

**CARD NUMBER:**    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**EXPIRY DATE:**    \_\_\_\_\_ / \_\_\_\_\_                      **AMOUNT: \$** \_\_\_\_\_

**CARDHOLDER'S SIGNATURE:** \_\_\_\_\_

### DETAILS OF PAYMENT:

MEMBERSHIP FEE                      \$ \_\_\_\_\_.

POSTAGE                                      \$ \_\_\_\_\_.

GENERAL SALES                              \$ \_\_\_\_\_.

DONATION (*tax deductible*)              \$ \_\_\_\_\_.

OTHER (*specify*)                              \$ \_\_\_\_\_.

**Processing and Handling Fee**              \$ \_\_\_\_\_.  
(Up to 3.5% - minimum \$1.00)

**TOTAL AMOUNT**                              \$ \_\_\_\_\_.

### OFFICE USE

AUTHORISED BY \_\_\_\_\_

DATE    /    /

SIGNATURE VERIFIED BY \_\_\_\_\_

DATE    /    /