



Noah's Ark Centre of Shoalhaven Inc

Early Intervention Service & Toy Library for Children with Special Needs

All children are special, some have special needs

NOWRA
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Ph: 4423 5022 Fax 4422 5156

ULLADULLA
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Email: nowra@noahsark.nsw.edu.au

Website: www.noahsark.nsw.edu.au

Credit Card Debit Request

ABN 87 353 909 589

Credit
Card Debit
Details

NAME & ADDRESS OF APPLICANT

Contact Details

Tel:

Email:

PAYMENT DETAILS

CARD DETAILS

VISA

MASTERCARD

Card Number

Expiry Date

Name on card

Authority
and
Declaration

I/We request that you debit my/our account for payments

Amount

Frequency

Date

\$

Monthly

Annually

By signing this Credit Card Debit I declare that:-

- This Credit Card Debit Request authorises Noah's Ark Centre of Shoalhaven Inc (NACS) to debit my Credit Card account (described above) on my behalf.
- All information given to NACS is accurate and not misleading and I am aware that NACS is relying on it.
- I will not alter the Credit Card arrangements (including closing or changing the account described above) set out in this Credit Card Debit Request without notifying NACS at least 14 days prior to the next Credit Card due date.

Signature
of Credit Card
Holder

Signature in accordance with authority on account

Print Name

Date:

I have completed a Contact Information sheet

Privacy Statement: The information you supply on this form is needed by Noah's Ark Centre of Shoalhaven Inc to manage your donation. No personal information will be disclosed outside NACS without your express consent, except where required by law