

# MONTHLY PERMANENT PARKING PAYMENT AUTHORISATION FORM Royal Randwick Shopping Centre

Please complete this form & return to [permparkers@pointparking.com.au](mailto:permparkers@pointparking.com.au) for processing

Invoice to be sent to nominated email address

Email address: \_\_\_\_\_

## PAYMENT DETAILS

**THE PARKING FEE MUST BE PAID IN ADVANCE ON OR BEFORE THE FIRST DAY OF EACH MONTH.**

### CREDIT CARD

Cardholder's Name: \_\_\_\_\_

Credit Card Number:

Expiry:   /

Type of Card: VISA       MASTERCARD       AMERICAN EXPRESS

I hereby authorize Point Parking Pty Ltd to debit my Credit Card Account with the amount and at the intervals specified, and in the event of any change in the charges for these goods / services, to alter the amount from the appropriate date in accordance with such change.

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(If signing for a company, sign and print full name and capacity for signing e.g. Director)*