

LAND USE PLANNING

Credit Card Authorisation Form



This form is used to provide a credit card payment to the Wellington Shire Council.

Please ensure that this form is completed in full, and that any relevant documentation is attached.

We will only use personal information provided by you for the purposes for which it was collected, and in order for Council to fulfil its business requirements.

Completed forms may be emailed to planning@wellington.vic.gov.au or mailed to the Wellington Shire Council at PO Box 506 Sale VIC 3850 or faxed to 5142 3501. Please contact the Land Use Planning Department on 1300 366 244 if you have any questions.

| APPLICATION TYPE | |
|---|---|
| Please tick relevant type: | <input type="checkbox"/> Application for Planning Permit |
| | <input type="checkbox"/> Application to Amend a Planning Permit |
| | <input type="checkbox"/> Amend Endorsed Plans |
| | <input type="checkbox"/> Request for Extension of Time to Planning Permit |
| | <input type="checkbox"/> Planning Permit – Search & Copy |
| | <input type="checkbox"/> Permit & Endorsed Plans – Search & Copy |
| | <input type="checkbox"/> Section 173 Agreement – Preparation/Review |
| | <input type="checkbox"/> Section 173 Agreement – Application to Amend/End |
| <input type="checkbox"/> Planning Scheme Amendment | |
| Planning Permit Number: (if applicable) | P |
| Address of property relevant to application: (if applicable) | |
| CREDIT CARD DETAILS | |
| Name on Credit Card: (please print) | |
| Type of Card: (Visa, Mastercard only) | |
| <i>We do not accept American Express or Diners Club.</i> | |
| Amount Authorised: | \$ |
| Credit Card Number: | |
| Card Expiry Date: | |
| Card Holders Signature: Authorising payment of above amount | Date |
| Phone Number: | |
| Email Address: | |

| Office Use Only | |
|-----------------|--|
| Council Officer | |
| Receipt Number | |
| Date | |