



## One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize **The Australian High Commission, Port of Spain** to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

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### Please complete the information below:

I \_\_\_\_\_ authorize **The Australian High Commission, Port of Spain** to  
(full name)

charge my credit card account indicated below for \_\_\_\_\_ on or after  
(amount, state currency)

\_\_\_\_\_  
(date, d/m/yr)

This payment is for the following:

Passport Fees

Courier Fees

Emergency Travel Document Fees

Consular Services

Other \_\_\_\_\_

### Billing information:

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Account Type:  Visa  MasterCard

Cardholder Name \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Please attach a legible copy of cardholder's ID. Your credit card information will not be kept on file. Should you have any questions, please contact us at 868-822-5450

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.