



Working with families and children with additional needs

NOWRA

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ULLADULLA

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Credit Card Debit Request for Kids Supporter

ABN 87 353 909 589

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 Monthly Annual

Amount

Date

\$

By signing this Credit Card Debit I declare that:-

- This Credit Card Debit Request authorises Noah's Ark Centre of Shoalhaven Inc to debit my Credit Card account (described above) on my behalf.
- All information given to Noah's Shoalhaven is accurate and not misleading and I am aware that Noah's Shoalhaven is relying on it.

Signature of Credit Card Holder

Signature

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