

Charge of Credit Card details for monthly payments

Police Benefits Reference Number: _____

I / we / business name: _____

authorise Countrywide Austral Pty Ltd trading as Police Benefits, until further notice,
to debit funds as agreed by me/us from my/our nominated credit card shown below:

Card type: Visa MasterCard AMEX (extra fees apply)

Card number:

Expiry date: /

Cardholder's name: _____

Authorise card signatory: _____ Date: _____

Upon completion, please scan and return form to admin@000benefits.com.au