



MASTERCARD/VISA CARD AUTHORITY

I, _____, acknowledge that I owe the sum of
\$_____ to Legal Aid Western Australia as payment towards the cost of
providing legal assistance for file reference number: _____

Payment of this sum will be made by:

- Weekly instalments of \$ _____ (no less than \$30.00)
- Fortnightly instalments of \$ _____ (no less than \$60.00)
- Monthly instalments of \$ _____ (no less than \$100.00)
- Amount in full \$ _____

Please debit the amount on _____ (Date)

Please debit my MASTERCARD / VISA (please circle)

Card number:

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Expiry date: _____

Full name on card: _____

Current email address: _____

Current phone number: _____

Current address: _____

SIGNED: _____

DATE: _____