

## Credit Card Payment Authorisation

**QCAT case number**

**Applicant** *(the party who made the original application)*

**Contact details** *(MUST be provided)*

Mobile                      Alternative number                      Email **MUST** be provided

**Respondent** *(the party against whom the original application was made)*

**Fee type**

application	\$	
photocopying	\$	
other	\$	please specify

A list of fees is available at [www.qcat.qld.gov.au/resources/fees-and-allowances](http://www.qcat.qld.gov.au/resources/fees-and-allowances)

**Details for credit card payment**

Bank:

Charge my:                      Mastercard                      Visa

Credit card No:

Expiry date:                      /

Cardholder's name:  
*(as printed on the front of the card)*

Amount authorised: \$

Cardholder's signature:

**This form should be provided to QCAT with your application form\*.**

\*For security reasons, this credit card payment authorisation form will only be accepted by post to the address below. This form **MUST NOT** be emailed.

Post to:

Queensland Civil and Administrative Tribunal  
GPO Box 1639  
Brisbane Qld 4001