

## **CREDIT CARD PAYMENT AUTHORITY**

By completing the below details you are authorising *Kah Lawyers* to debit the stated amount of AUD\$ from your credit card

Name on card	
Credit card number	
Expiry date on card	
Type of card (select the type of card)	Visa/MasterCard
Amount to be debited	AUD\$
Address	
Telephone number	
Solicitor acting on your case	
Date	
Signature of card holder	

### **Our contact details**

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