**East Kimberley Designated Area Migration Agreement**

**Payment Authorisation – 29 March 2022**

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| Payer details:      |
| Contact Name:       |
| Business Name:       |
| A.B.N:       |
| Phone:       | Email:       |
| Postal Address:       |
| Suburb:       | State:       | Postcode:       |

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| **Purchase Information** *(please outline the number of positions submitted as part of the request for endorsement and whether you are a member or not)* |
|       |
| TOTAL AMOUNT PAYABLE:      *EKCCI member fee (per position): $**EKCCI non-member fee (per position): $* |

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| Please select how you would like to pay | [ ] Invoice[ ] Credit cardNB: If you would like to pay via credit card please complete the section below.  |

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|  **Payment information (*Mastercard and Visa Accepted)*** |
| Mastercard / Visa (please circle)Card No:       CVV No:       |
| Expiry Date:        | Cardholder’s Name:       |
| TOTAL Amount: $       | *I authorise the EKCCI to charge my credit card for the total amount outlined.* Signature:  |

Office use only:

|  |  |
| --- | --- |
| Payment date: |  |
| Invoice number: |  |