



Credit Card Authorisation Form

Auto Pay is for customers who want to have their credit / debit card automatically charged to keep their account within their individual trading terms.

I hereby authorize Growers Own to arrange for funds to be charged to my nominated credit card or debited from my nominated debit card for amounts owing on the account listed.

Please Circle: Debit Card Credit Card – Master Card or Visa only

Card No: _____ - _____ - _____ - _____

Expiry Date: ____ / ____ CCV: _____

Cardholder Name:

Telephone No: (in case of card problems):

Account Name:

Account Code:

Email Address:

I understand that any charges of \$1,000.00 and above will incur the relevant merchant transaction fee.

I understand that it shall remain my obligation and responsibility to notify Growers Own **in writing 14 days in advance**, of any change to this agreement.

Signature of Cardholder: _____

Date: _____