



Australian Government

Department of Foreign Affairs and Trade

DFAT CREDIT CARD DEDUCTION AUTHORITY

CUSTOMER AUTHORITY

Passport Application Form Number:

Applicant Full Name:

DOB (DD/MM/YYYY):/...../.....

Address:

No:

Street Name:

Town/Suburb:

City:

Country:

Contact Phone Number: Mobile:

Email Address:

Lodgement Post:

Passport Type:

Adult: Child: Senior: EY:

Fee(s): Payment Details:

Amount to be debited: \$.....

Please Debit my: Visa MasterCard

(Please note that DFAT does not accept Diners Club or American Express credit cards)

Card Number:

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Expiry Date:

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

CCV:

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Card Holders Name:.....

Card Holder Signature:Date:

Postal/email address:

Phone number:

DFAT holds all personal information in accordance with our Information Privacy Policy