



AV 2015 – Victorian Contingent Visa/Mastercard Payment Form

Name of Participant	
AV2015 Registration ID	
Unit / Group	

Card Number	
Expiry Date	
CCV <small>(3 digits on the back)</small>	
Name on Card	

Amount to deduct this time	
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Do you wish us to keep this card on file to deduct future instalments automatically?	YES / NO
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Signature of card holder	
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Please note a 1% surcharge applies to all visa/mastercard payments.

Once complete:

- Email to admin@av2015victoria.com
- Post to AV2015 Victorian Contingent
PO Box 3401. Morwell Mail Centre. VIC. 3841
- Fax to 9998 2008