CREDIT CARD PAYMENT AUTHORITY

To: **Hartley Healy**
GPO Box 678
Brisbane QLD 4001
Phone: 07 3220 1299
Facsimile: 07 3220 1277

RE: [ ] – [FAMILY LAW]

I, _____

hereby authorise you to deduct monies from the following credit card:

Card Type: _____

Name on Card: _____

Card Number: _____

Expiry Date: _____/_____

For payment of professional fees and outlays that are billed on a monthly basis for the above matter.

Dated this day of 2004

Signature of Cardholder: _____

Print Name:

_____

Please Mail or Fax this completed Credit Card Authority to Hartley Healy