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| Marine Safety Branch  GPO Box 2520  Darwin NT 0801 | DEPARTMENT OF INFRASTRUCTURE, PLANNING AND LOGISTICS | Telephone: 08 8924 7100  Facsimile: 08 8924 7009  Email: [marinesafety@nt.gov.au](mailto:Marine.Branch@nt.gov.au) |

### PAYMENT METHOD FORM

### CREDIT CARD OR ELECTRONIC FUNDS TRANSFER

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CONTACT DETAILS** | | | | | | | | | | | | | | | | | | | | | |
| Contact Name: | | | |  | | | | | | | | | | | | | Phone: | | |  | |
| Email: | | | |  | | | | | | | | | | | | | Fax: | | |  | |
| **Specify Name and** | | | |  | | | | | | | | | | | | |  | | | | |
| **Postal address for Tax Invoice:** | | | |  | | | | | | | | | | | | |  | | | | |
| **CREDIT CARD DETAILS** | | | | | | | | | | | | | | | | | | | | | |
| |  | | --- | | **NOTE: Proof of direct deposit** (eg. bank remittance advice) is to be **provided** within  24 hours of the deposit being made. ***If proof of deposit is not supplied with the application, the application will not be processed.***  If paying by cheque/money order, make payment to the ***‘Receiver of Territory Monies’*** | | | | | | | | | | | | | | | | | | | | | | | |
| 🞐 | **Please debit my credit card for the amount: $\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | |
|  | 🞐 | | Visa | | | | | 🞐 | MasterCard | | | | | | 🞐 | Bankcard | | | | | |
|  | Please note: W*e* ***do not accept*** **Diners JCB** or **AMEX** cards | | | | | | | | | | | | | | | | | | | | |
| Card Number: | | | | | | 🞎🞎🞎🞎 - 🞎🞎🞎🞎 - 🞎🞎🞎🞎 - 🞎🞎🞎🞎 | | | | | | | | | | | | | | | |
| Cardholder Name: | | | | | |  | | | | | | | | | | | | | | | |
| Cardholder Signature: | | | | | | |  | | | | | | | | | | **Expiry Date:** | | | |  |
| Payment is for: | | | | | |  | | | | | | | | | | | | | | | |
| 🞐 | | **Electronic Funds Transfer (EFT)** | | | | | | | | | | | | | | | | | | | |
|  | | Bank Account Information (where payments will be deposited) | | | | | | | | | | | | | | | | | | | |
|  | | Company Name: | | | | | | | | | DIPL - MARINE SAFETY | | | | | | | | | | |
|  | | Financial Institution Name: | | | | | | | | | NATIONAL AUSTRALIA BANK | | | | | | | | | | |
|  | | Financial Institution Address: | | | | | | | | | Level 1, 71 Smith Street, Darwin NT 0830 | | | | | | | | | | |
|  | | Account Title: | | | | | | | | | DIPL | | | | | | | | | | |
|  | | BSB Number: | | | | | | | | | 085 461 | | | | | | | | | | |
|  | | Account Number: | | | | | | | | | 601610008 | | | | | | | | | | |
|  | | Description: Type in Vessel / Company or Surname | | | | | | | | | | | | | | | | | | | |
| **Please provide following details in order for the payment to be matched to the EFT deposit.** | | | | | | | | | | | | | | | | | | | | | |
| Amount Deposited: | | | | | | | **$** | | | | | | Banking Reference No: | | | | | |  | | |
| Description of payment:  (Include name of Vessel(s), Company or Surname) | | | | | | | | | | | | | |  | | | | | | | |
| Payee’s Name: (Print and Sign) | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Office Use Only:** | | | | | | | | | | | | | | | | | | | | | |
| Date Processed: | | | | |  | | | | | | | Action Officer: | | | | | |  | | | |
| Receipt No: | | | | |  | | | | | | | Receipted Amount: | | | | | |  | | | |