



MJ & J Food Group
T/A Godden Food Group
PO Box 3377
Helensvale Town Centre QLD 4212
Ph: 07 5561 5600
Fx: 07 5563 7130
ABN: 16 146 498 900
ACN: 146 498 900

Credit Card Direct Debit Request/ Authority

I, _____ hereby authorise MJ & J Food Group T/A Godden Food Group to Direct Debit amounts owing to Customer Number _____ and Customer Name _____ from the following Credit Card details in the following terms.

Debit the following for the above Customer Number;

Total amount of delivery (total amount owing) after each delivery

or

Total amount of **weekly/fortnightly/monthly** (please circle) deliveries (total amount owing) every **Mon/Tue/Wed/Thurs/Friday** (please circle)

Or

The following amount \$ _____ every **Mon/Tue/Wed/Thurs/Friday** (please circle) of every **week/fortnight/month** (please circle)

Credit Card Details

Card Holder Name (Name on card): _____

Card Number:

Card EXP: /

CVN:

Card Holders Signature: _____

* To advise of alterations to the above details or to cancel payments please provide at least 24 hours notice prior to your next scheduled payment.