



Utilities Department

CREDIT CARD AUTHORIZATION FORM

CARD TYPE: VISA _____ MASTERCARD _____ DISCOVER _____

CREDIT CARD NUMBER _____

EXPIRATION DATE _____ AMOUNT TO BE CHARGED \$ _____

NAME ON CARD _____

COMPLETE MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ EMAIL _____

AUTHORIZED SIGNATURE _____ DATE _____

DESCRIPTION OF WHAT IS BEING PAID FOR _____

Place copy of photo identifications below

Form must be filled out by account holder(s), current valid identification(s) will be required as proof

For Office Use Only:

Request Received by: _____ Date _____ Change Processed by: _____ TCM: _____