



CREDIT CARD AUTHORIZATION FORM

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Fee Amount: _____ Invoice/Account Number: _____

Memo: _____

I authorize the City of Wetaskiwin to charge the credit card indicated on this Credit Card Authorization form. This Credit Card Authorization is for service listed in the Memo, for the Fee Amount indicated above, and is valid for one time use only.

The City of Wetaskiwin will not keep Credit Card Authorization forms on file. Credit Card Authorization forms are stored for secure shredding once payment has been processed.

I, _____, certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the Fee Amount indicated in this form.

Cardholder Signature: _____ Date: _____

VISA: MasterCard:

Credit Card Number: _____ Expiry: _____

Name on Card: _____ CVV: _____