



Credit Card Authorization Form

Print and Complete this Authorization form and return.

All information will remain confidential.

Name on Card: _____

Billing Address: _____

Credit Card Type: _____

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____

Amount to Charge: \$ _____

I authorize the Town of Cutler Bay to charge the amount listed above to the credit card provided herein, I agree to pay for this purchase. I understand that there will be a charge of \$25 added to the amount agreed upon if the transaction is declined due to insufficient funds.

*There is a non-refundable 3% processing fee for all credit & debit card transactions.

Card Holder- Please Sign:

Signature: _____

Date: _____

Print Name: _____