





Credit Card Authorization Form

If you would like to pay your account(s)/invoice(s) by credit card please complete this form and email it to cashier@cityofmeniffee.us.

Please select card type:

			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Card Holder Name (please print clearly)

Credit Card Number (please print clearly)

____/____
Expiration Date

\$ _____
Total Amount Authorized

Description of Service:

Would you like a receipt emailed to you? Yes No

Email

Print Name Authorizing Payment

Sign Name Authorizing Payment

Date

*Please note that signing this document means that the authorizing party has assumed sole responsibility of the payment and gives the City Of Meniffee authorization to charge the card listed above.