

Credit Card Authorization Agreement

Please complete the following form to allow us to process your credit card transaction. Upon completion, please either email this form to eft@fortstjohn.ca, fax to **250-787-8191**, mail to or hand deliver to City Hall at the address above. The completed form and a signature is required.

I, _____, from the company (if applicable) _____
_____, hereby authorize the City of Fort St. John to place a \$_____ charge on my
credit card for _____. The credit card information is listed as follows:

Name as it appears on credit card: _____

Type of credit card (please circle): Visa / MasterCard

Account Number: _____

Expiry date: ____ / 20____

Card Security Code (CSC) on back of card: _____

Contact telephone number: (_____) _____



The credit card billing address is:

Cardholder's Signature: _____ **Date:** _____

If you wish to obtain a receipt, please check appropriate item below:

- Yes, please email my receipt to: _____
- No, a receipt is not necessary.

OFFICE USE ONLY	
Received date:	Received by: