

## Credit Card Authorization Form

City of Strawberry Point  
PO Box 279  
Strawberry Point, IA 52076-0279  
563-933-4482

Name on Card: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
Phone No: \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Email: \_\_\_\_\_

Please note that we take **Visa, Mastercard** or **Discover** only!!

Credit Card #: \_\_\_\_\_  
Credit Card Type: \_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_ DISCOVER  
Expiration Date: \_\_\_\_\_  
Three Digit Security Code: \_\_\_\_\_  
Personal City Password: \_\_\_\_\_

- Per Call Basis (One-time charge) **or**
- Recurring Charge

I authorize the City of Strawberry Point to charge my credit card for services provided. In the event I should need to authorize the payment over the phone I will be able to provide the City with my name, city account number (if applicable), and Personal City Password as set forth above.

X \_\_\_\_\_  
Signature

### INSTRUCTIONS:

All information in this form must be filled out and returned to the address above before over the phone authorization for credit card payment will be accepted. The three digit security code may be found on the back of your card, usually on the signature line. The Personal City Password is any unique password set by you and will be asked for any time you want to make an over the phone payment. Please check if this is a case-by-case charge or if this will be a recurring charge (such as monthly utility bill). You may also fax this form back to the City of Strawberry Point, Attn: Liz at 563-933-4012.

#### FOR OFFICE USE ONLY:

Date Received: \_\_\_\_\_

Customer Account # (if applicable): \_\_\_\_\_

\*\*Please see attached document for dates and descriptions of actual transactions.