

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)

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.