

CREDIT/DEBIT CARD TRANSACTION AUTHORIZATION

Amount to be charged/debited: \$ _____ for _____
(Type of fee or type of service provided)

Card Type: Visa Mastercard Discover American Express

Credit/Debit Card Number: _____ CVV or CVC#: _____

Card Expiration Date: _____

Name (as on card): _____ Phone Number: _____

Street Address: _____
(This should be the address that matches the billing address for the card)

City: _____ State: _____ Zip: _____

I, _____, hereby authorize the city of University Place to charge
(Printed Name)
my credit/debit card in the amount listed above for fee(s) and/or service(s) indicated above.

Signature: _____ Date: _____