



City Administration Building  
Office: 863-291-5270 | Fax: 863-291-5317  
155 E Pomelo Street | Lake Alfred, FL 33850 | www.MyLakeAlfred.com

**ONE TIME CREDIT CARD PAYMENT AUTHORIZATION**

Sign and complete this form to authorize the City of Lake Alfred to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

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**PLEASE COMPLETE THE INFORMATION BELOW:**

I, \_\_\_\_\_, authorize the City of Lake Alfred to charge my credit card  
(full name)

account indicated below for \_\_\_\_\_ on or after \_\_\_\_\_. This payment is for  
(amount) (date)

\_\_\_\_\_  
(description of goods/services)

Billing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Card Type:	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover
Cardholder Name:	_____		Zip Code _____
Account Number:	_____		
Expiration Date:	_____	CVV2 (3 digit number on the back of VISA/MasterCard):	_____

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.