



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.

2.95% (\$2.00 Minimum) Convenience Fee

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	<input type="checkbox"/> American Express
Cardholder Name:	_____			Zip Code _____
Account Number:	_____			
Expiration Date:	_____	CVV2 (VISA/MasterCard 3 digits / AMEX 4 digits):	_____	

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.