
Recurring Credit Card Charge Authorization Form

I (we) hereby authorize CITY OF DANIELSVILLE. to make recurring charges to my Credit Card listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error.

This authority will remain in effect until CITY OF DANIELSVILLE is notified by me (us) in writing to cancel it in such time as to afford CITY OF DANIELSVILLE and Credit Card company a reasonable opportunity to act on it.

(Name PLEASE PRINT AS APPEARS ON CARD)

(Address PLEASE PRINT)

(Phone Number PLEASE PRINT)

(Email PLEASE PRINT)

Please circle one: Visa / MasterCard / Discover

CARD NUMBER : _____ Expiration Date: _____

Cvv Code ; _____ Billing Zip Code; _____

List of COD Account Number (s):

(Please attach list of accounts if more space is needed.) OR Check here for all accounts for this customer

***Dollar limit if desired \$** _____

*If charges exceed dollar limit specified, the customer will be required to pay entire bill manually (cash or check). A payment that is over the limit **cannot** be processed electronically.

(Signature)

(Effective Date)