



1500 Morrow Road, Morrow, GA 30260 / Tel: 770-961-4002

City of Morrow Credit Card Payment Authorization Form

By signing this form, you give us permission to charge your credit card for the amount and on the date indicated below. This is permission to charge your credit card when the cardholder is not pay in person.

Please complete the information below:

I _____ authorize the City of Morrow to charge my credit card

(Full name)

account indicated below for _____ plus 3.5% processing fee on _____.

(Amount)

(Date)

This payment is for _____
(Description of goods/services, i.e. fine/permit/sanitation)

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Credit Card Holder Information

Credit Card Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

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.