



## City of Clear Lake Shores Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting the office.

<b>Credit Card Information</b>
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover
Cardholder Name (as shown on card):
Card Number:
Expiration Date:
Cardholder ZIP Code (from credit card billing address):

I, \_\_\_\_\_, authorize the City of Clear Lake Shores to charge my credit card for agreed upon fees. I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date