



## City of Sweetwater

Address 1701 NW 112 AVE 102, SWEETWATER, FL 33172

Phone (305) 485-4526

### One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize City of Sweetwater to make a onetime 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.

**3.5% surcharge will be applied to each transaction made.**

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**Please complete the information below:**

I \_\_\_\_\_ authorize City of Sweetwater to charge my credit card  
(Full name)  
account indicated below for \_\_\_\_\_ on or after \_\_\_\_\_. This payment  
(Amount) (Date)  
is for \_\_\_\_\_.  
(Description of goods/service)

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

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV2: \_\_\_\_\_

Account Type: Visa \_\_\_\_ Master Card \_\_\_\_ American express \_\_\_\_ Discovery \_\_\_\_

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 only, and is valid for one time use only. I certify that I am an authorized use for 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.