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.

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: ☐ VISA ☐ MasterCard ☐ Discover

Cardholder Name: _____ Zip Code _____

Card Number: _____

Expiration Date: _____ CVV2 (3 digit number on the back of VISA/MasterCard): _____

SIGNATURE: _____ DATE: _____

I authorize the above named business to charge the credit card indicated int his authorization form according to the terms outlines 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.