



Credit Card Authorization Form

By signing below, I hereby authorize the City of Dundee to automatically process my credit/debit card for the purpose of paying for the attached:

Permit Application

Business License

Alarm Permit

Other: _____

Signature

Date

Credit Card: Visa

MasterCard

Cardholder Name: _____

Card Number: _____

Expiration Date: _____ CVV Number: _____

Address on Cardholder's Statement: _____

Zip Code: _____ Phone Number: _____

Office Use:

Notes: _____
