



Clinton Township Treasurer's Office
40700 Romeo Plank Road
Clinton Township, MI 48038
Fax (586) 286-9482

One (1) Time Credit Card Payment Authorization

Sign and complete this form to authorize **Charter Township of Clinton Treasurer's Office** to make a one-time charge to your credit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated (plus a 2.8% processing fee) 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.

I _____ authorize **Charter Township of Clinton** to charge my
(Cardholder's Full Name)

credit card account indicated below for \$ _____ on _____.
(Amount \$) (Date)

This payment is for _____.
(Description of Goods/Services)

Billing Information

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Card Details

Visa MasterCard Discover American Express

Cardholder Name _____

Account/CC Number _____

Expiration Date ____ / ____

CVV _____

Zip Code _____

I authorize the **Charter Township of Clinton Treasurer's Office** 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 (1) 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.

SIGNATURE _____
(cardholder)

DATE _____