

Credit Card Payment Authorization

Sign and completed this form to authorize the merchant below 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 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 Fresno County Fire Protection District to charge my Credit Card indicated below for \$ _____ on _____ (Date).

Goods / Services Rendered: _____

Billing Details

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Credit Card Information

Visa Mastercard

Cardholder's Name _____

Credit Card # _____

Expiration Date _____ Security Code (CVV) _____

Individual's Signature _____ Date: _____