



CREDIT CARD AUTHORIZATION FORM

I, _____ of _____
(Print name) (Company name)

ADDRESS: _____

CITY/PROV: _____ POSTAL CODE: _____

PHONE #: _____ FAX #: _____

I hereby authorize the City of Leduc to use the following credit card number to the cover cost of:
(Please choose one per form)

City Permits

Pet Licence

Utility Deposit

Business Licence

Other: _____

CREDIT CARD NUMBER: _____ EXPIRY DATE: _____

Card issued to: _____ *CVD/CVV # _____

SIGNATURE

DATE

***CVD/CVV is the three digits on the back of your Visa or Mastercard, or the 4 digits on the front of your American Express**

Planning #: _____ _____ _____
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The personal information on this form is collected to provide payment to the City of Leduc. This information is collected under the authority of Section 33 (c) of the Freedom of Information and Protection of Privacy Act. Questions regarding the collection of this information can be directed to the City Clerk at 780-980-7132, #1 Alexandra Park, Leduc, Alberta, T9E 4C4.