



## Corporation of the Town of Mattawa

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160 Water Street, P. O. Box 390  
Mattawa, ON P0H 1V0  
[www.mattawa.ca](http://www.mattawa.ca)

### Credit Card Authorization Form

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 the listed transactions only and does not provide authorization for any additional unrelated debits or credits to you account. Return completed from to [info@mattawa.ca](mailto:info@mattawa.ca).

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I, \_\_\_\_\_, authorize the Town of Mattawa to charge my credit card account in the amount of \$\_\_\_\_\_.

This payment is for the following service(s):

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### Credit Card Information

Name of Cardholder as it appears on the credit card: \_\_\_\_\_

Name of the Signing Authority (if different than name of Cardholder): \_\_\_\_\_

Credit Card Company (e.g. visa, mastercard, american express): \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature of Cardholder or Signing Authority: \_\_\_\_\_

Date: \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization from according to the terms outlined above. This payment authorization is good for the good/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am 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 from.