



Corporation of the Town of Mattawa

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160 Water Street, P. O. Box 390
Mattawa, ON P0H 1V0
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 form to info@mattawa.ca.

Property Information

Owner Name: _____

Property Address: _____ Roll # _____

Email Address: _____

Tax Installments

Amount \$ _____ Due Date: _____

Amount \$ _____ Due Date: _____

Amount \$ _____ Due Date: _____

Amount \$ _____ Due Date: _____

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 form.