



# Corporation of the Town of Mattawa

Telephone: (705) 744-5611 ~ Fax: (705) 744-0104

160 Water Street, P. O. Box 390

Mattawa, ON P0H 1V0

[www.mattawa.ca](http://www.mattawa.ca)

[info@mattawa.ca](mailto:info@mattawa.ca)

## Tax Credit Card Payment 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 C completed from to [info@mattawa.ca](mailto:info@mattawa.ca).

### Please Complete the Information Below:

I \_\_\_\_\_ authorize the Corporation of the Town of Mattawa to  
(Full name)

charge my credit card for the property information below:

Roll # \_\_\_\_\_ Property Address: \_\_\_\_\_

\$ \_\_\_\_\_ due July 31, 20\_\_

\$ \_\_\_\_\_ due September 28, 20\_\_

Billing Address \_\_\_\_\_ Phone # \_\_\_\_\_

City Postal Code \_\_\_\_\_ Email \_\_\_\_\_

Account Type:            Visa            MasterCard

Cardholder Name \_\_\_\_\_

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

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_ 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.

Protection to Persons  
And Property  
(705) 744-5611

Transportation and  
Environmental Services  
(705) 744-2424

Recreation and  
Culture Services  
(705) 744-2311