

## Corporation of the Town of Mattawa

Telephone: (705) 744-5611 ~ Fax: (705) 744-0104 160 Water Street, P. O. Box 390 Mattawa, ON POH 1V0 www.mattawa.ca info@mattawa.ca

## **Water 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 the completed form to info@mattawa.ca.

Please Complete the Information Below:	
I	authorize the Corporation of the Town of Mattawa
(Full name)	
To Charge my Credit Card Account Indicated Below:	
Roll #	Property Address:
\$ due March 31, 20	
\$due August 31, 20	
Billing Address	Phone #
City Postal Code	Email
Account Type: Visa I	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.