



## Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.  
All information will remain confidential

Name on card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Credit Card Type:

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

Expiration Date: (MM/YYYY) \_\_\_\_\_

Card Identification Number: \_\_\_\_\_ (last 3 digits located on the back of the credit card)

\*Amount to charge: \$ \_\_\_\_\_ (USD) **3% Credit Card Service Fee Charged on Total**

Other Fees: \_\_\_\_\_ (USD) **3% Credit Card Service Fee Charged on Total**

I authorize **WEST BAY SANITARY DISTRICT** to charge the amount listed above plus 3% service fee to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder- Please Sign and Date

Signature:

\_\_\_\_\_

Date: (MM/DD/YYYY)

\_\_\_\_\_

Print Name:

\_\_\_\_\_

Return the completed and signed form to the following:

**Please email to: [info@westbaysanitary.org](mailto:info@westbaysanitary.org)**

*\*See next page - 2024 Permit Fee Schedule for descriptions of sewer permits.*