

**CITY OF CLAYTON
CREDIT CARD PAYMENT
AUTHORIZATION**

Date: _____



MasterCard Visa Discover

Payment is being made for: _____

Cardholder:	
Billing Address:	Zip Code:
Telephone:	
Card Number: (16 Digits)	CVV No. (3 Digits on back of card)
Expiration Date: <div style="text-align: center;"> ____ / ____ (mm/yy) </div>	

Amount authorized for payment:	\$	
Cardholder signature:		
X		Date:

For office use only:			
Account Number		Amount	
Description			
Account Number		Amount	
Description			
			<i>Total</i>

Processed by: _____