



# CITY OF HEMET-FINANCE DEPARTMENT

445 E FLORIDA AVENUE, HEMET CA 92543

PHONE: 951-765-2350 | FAX: 951.765.2336

## CREDIT CARD AUTHORIZATION FORM

**\*\*DO NOT E-MAIL\*\***

\* Request to accept credit card payment through facsimile transmission only

\* Information provided will be used only for this transaction and will not be kept for future payments

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*For office use only*

To: \_\_\_\_\_

Fax # \_\_\_\_\_

Date: \_\_\_\_\_

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Today's Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Please Check One:  VISA  MASTERCARD

Credit Card #: \_\_\_\_\_

Cardholder Name (Copy Exactly): \_\_\_\_\_

CVS Code (3 digit # on the back of the credit card): \_\_\_\_\_

Phone #: \_\_\_\_\_

Credit Card Statement Address: \_\_\_\_\_

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Dollar amount authorized: \_\_\_\_\_

In payment of: \_\_\_\_\_

***My signature certifies that I am either the cardholder or an authorized signer on the following account.  
I request that the City of Hemet charge this credit card as indicated.***

Authorized Signature (sign): \_\_\_\_\_

Print Signature Name: \_\_\_\_\_