



FINANCE DEPARTMENT

CITY OF CULVER CITY

9770 CULVER BOULEVARD, CULVER CITY, CALIFORNIA 90232-0507

(310) 253-5870

FAX (310) 253-5880

One Time Credit Card Payment Authorization Form

Business Name: _____

Address: _____

Phone Number: _____ **Fax Number:** _____

I, _____ authorize the City Of Culver City to charge my credit/debit card account one time for the amount indicated below on or after _____ (date).

This payment is for _____
(Description of service & account number)

Amount to be charged: \$_____.

By signing this form I authorize the City Of Culver City to charge the credit/debit card account for the amount indicated above on or after the indicated date. This is a permission for a **one-time transaction only**, and does not provide authorization for any additional unrelated debits or credits to my credit card account.

Please complete the information below: **Attach a copy of credit card holder's ID**

Type of Card: _____ AMEX _____ VISA _____ MASTERCARD Exp. Date: _____
Account Number: _____ CVV: _____
Cardholder Name: _____ Amount: \$_____.
Billing Address: _____
Permit # _____.

SIGNATURE _____ **DATE** _____.

I authorize the City of Culver City to charge the credit/debit card indicated in this authorization form according to the terms outlined above. This payment is for the services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an 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 form.