



Credit Card Authorization Form

Customer: _____
(Name as it appears on the Credit Card)

Address: _____
(Street) (City) (State) (Zip)

Credit Card Number: _____ Expiration date: _____

Security Code: _____ Credit Card Type (circle): Visa MasterCard Discover

Phone Number: _____ Email Address: _____

I authorize the Borough of Kutztown Community Development Office (CDO) to retain my Credit Card information in their data base and to charge my Credit Card identified above for fees generated by this Office. I understand that Credit Card receipts will either be mailed or emailed to me.

- Charge all fees owed to the CDO without my authorization.
- Only charge fees owed to the CDO upon my authorization.

Authorized Signature _____ Date _____