



CREDIT CARD AUTHORIZATION FORM

*Department of
Community Development*

To: City of Willis

E-Mail: permits@ci.willis.tx.us

Phone: 936-856-4611

From: _____

E-mail: _____

Phone: _____

RE: Credit Card Authorization _____

Instructions: Attached is a Credit Card Payment Authorization Form, which you can fill out by indicating the type of credit card payment you wish to make. Please do not forget to provide your account and signature on the form. Please verify all information is correct before sending to the City of Willis. If you have any questions, please call or email Permit Department, permits@ci.willis.tx.us or 936-856-4611.

CITY OF WILLIS
Credit Card Payment Authorization

I authorize the City of Willis to charge my credit card as follows (please print):

Single Payment of \$ _____ + 3% processing fee CC Type(circle one): MasterCard Visa AMEX

Printed name on card

Billing Address for this Credit Card

Zip Code

____-____-____-____-____-____
Credit Card Number

____/____
Expiration Date

CC Verification #

Authorized Signature



VERIFICATION
* As a safeguard, you must write down your credit card's verification number. The credit card verification number is the last three digits printed on the back of your card.