

Town of Brownville
586 Main Road
Brownville, Maine 04414
Phone: (207) 965-2561 ~ Fax: (207) 965-8768

Credit Card Authorization Form

Please complete this authorization and return to us. All information will remain confidential.

Cardholder Name: _____

Billing Address: _____

Credit Card Type: ___ Visa ___ MasterCard ___ Discover ___ Am. Express

Credit Card Number:

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Expiration Date: (Month) _____ (Year) _____

Credit Identification Number (last 3 digits located on the back of the credit card): _____

Amount to Charge: \$ _____(USD), plus 2.5% processing fee for transactions over \$40.00 and \$1.00 processing fee or transactions under \$40.00 = \$ _____(USD)

.....
This form will remain on file, unless you tell us otherwise.

If there is a problem processing this payment, we would like to be able to reach you by phone.

Daytime telephone number: (____) _____

.....
I authorize **Town of Brownville** to charge the agreed amount listed above to my credit card provided herein.

Date: _____ Printed Name: _____

Signature: _____

State of _____

County of _____

The foregoing instrument was acknowledged before me this _____ day of _____ 20____
by _____.

Notary Public, State of _____