



**UTILITY DEPOSIT OR PAYMENT
CREDIT CARD AUTHORIZATION FORM**

FAX: (281) 983-2940

I authorize the City of Meadows Place to use my credit card to process the following payment:

UTILITY ACCOUNT # _____

UTILITY ADDRESS: _____

CONTACT PERSON: _____

PHONE NUMBER: _____

UTILITY DEPOSIT IN THE AMOUNT OF \$ _____

UTILITY ACCOUNT PAYMENT: \$ _____

TOTAL AMOUNT DUE: \$ _____ **(A fee of 3% will be added to this transactions)**

Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express
Last 4 Digits of Credit Card: _____ Exp Date: _____ CSV Code: _____
Name on Card: _____
Credit Card Billing Address: _____
Authorized User: _____
Phone Number: _____
Signature: _____ Date: _____

***** Please enter Credit Card Number Below *****

***** CUT HERE *****

Credit Card Number: _____

This portion will be destroyed once credit card is run and payment is approved.