

Town of Greensboro

Credit/Debit Card Authorization Form

Please provide a copy of the front and back of the credit/debit card and your driver's license. The card must have your signature on the back to be valid. Copies must be attached to this form.

Town Account Number: _____ Agreement Start Date : _____

Authorized Personnel Signature: _____

Name on Credit Card: _____ Date of Birth: _____

Billing address for credit card:

If this is a business account, provide proof of existence of the business entity.

Name on Town account if different: _____

Service Address if different: _____

If name on the credit/debit card is different than the name on the town account what is the relationship between the two: _____

Phone number for credit card holder: _____ Email address: _____

Credit card type: Mastercard Visa Debit Card

Card Number: _____

Card Security Code: _____ Expiration Date: _____

I authorize the Town of Greensboro to charge the indicated card for payment on the above listed account(s) including basic charges, excess usage charges, late fees, shutoff fees, as well as any past due amounts on the account. I agree that I will not dispute any charges from the Town of Greensboro unless I have already made an effort in good faith to rectify the situation directly with the Town and those efforts have failed. I authorize the Town of Greensboro to run an address verification search. This verification process is a security measure designed to protect me, the client, from illegal fraud against my credit card. I guarantee and warrant that I am the legal cardholder for this credit card, and that I am legally authorized to enter into this billing agreement with the Town of Greensboro. This authorization will remain in effect until a request in writing is submitted to the Town of Greensboro.

Authorized Card Holder Signature

Date