



485 N. Sam Houston Blvd.  
San Benito TX. 78686  
(956) 361-3800

## One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize **City of San Benito** to make a onetime charge to your card listed below, **a 4% Convenience fee will be charged for this transaction**

By signing this form you give us permission to charge your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

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### Please complete the information below:

I \_\_\_\_\_ authorize **CITY OF SAN BENITO** to charge my card  
(Full name)  
account indicated below for \_\_\_\_\_ on or after \_\_\_\_\_. This payment is for  
(Amount) (Date)  
\_\_\_\_\_  
(  
Description of goods/services)

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Cardholder Name _____
Account Number _____
Expiration Date _____ CVV _____

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I authorize the above named business to charge the card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this card and that I will not dispute the payment with my card company; so long as the transaction corresponds to the terms indicated in this form.