



Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.
All information will remain confidential

Name on card: _____

Billing Address: _____

Credit Card Type:

Credit Card Number: _____

Expiration Date: (MM/YYYY) _____

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

*Amount to charge: \$ _____ (USD) **3% Credit Card Service Fee Charged on Total**

Other Fees: _____ (USD) **3% Credit Card Service Fee Charged on Total**

I authorize **WEST BAY SANITARY DISTRICT** to charge the amount listed above plus 3% service fee to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder- Please Sign and Date

Signature:

Date: (MM/DD/YYYY)

Print Name:

Return the completed and signed form to the following:

Please email to: info@westbaysanitary.org

**See next page - 2024 Permit Fee Schedule for descriptions of sewer permits.*