

City of Fort Myers
PO Drawer 2465
Fort Myers, Florida 33902



Fax

To: Treasury Cashier **From:** _____
Fax: 239-344-5936 **Date:** _____
Phone: 239-321-7178 or 239-321-7177 **Pages:** _____
Re: Credit Card Authorization **CC:** _____

In order to process your payment you must complete and sign this entire form.

.....
Customer Authorization
.....

I authorize the city of Fort Myers to debit my :

(circle one) American Express / Master Card / Visa

Card Number: _____ Expiration Date: _____

C V V: _____ This is a 3 digit number on the back of your MC/Visa or a 4 digit number on the front of Amex.

Zip Code that the bill is mailed to: _____

in the amount of \$ _____ for payment of the following :

Billed to: _____

Print Name (As Shown on card): _____

Signature: _____

Phone number: _____