



Columbus Consolidated Government

100-10th Street
Columbus, Georgia 31901

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize Columbus Consolidated Government to make a one-time debit to your credit card listed below. **A non-refundable service fee of 2.5% + \$1.00 will be added to your payment.**

By signing this form, you give us permission to debit your account for the amount indicated (including the service fee) 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.

Please complete the information below:

I _____ authorize Columbus Consolidated Government to charge my
credit 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: Visa MasterCard Discover American Express

Cardholder Name _____

Account Number _____

Expiration Date _____

Security Code _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit 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 credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.