AUTHORIZATION AGREEMENT FOR CREDIT CARD TRANSACTIONS

I (we) hereby authorize the City of Ste. Genevieve, hereinafter called COMPANY, to initiate debit entries to my (our) ___ Credit Card indicated below. I (we) acknowledge that the organization of Credit Card transactions to my (our) account must comply with the provisions of U.S. law.

Credit Card Type _____ VISA _____ Mastercard _____ Discover Card (select one)

Credit Card Number _____ Expiration Date_____

3-Digit Code on back of card _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

Name(s) _____ Account Number_____
(Please Print)

Date _____ Signature _____

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGNATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.