CREDIT CARD AUTHORIZATION FORM

CITY OF SISTERS

PLEASE COMPLETE THE FOLLOWING AND RETURN FORM TO:
City of Sisters, Finance Department, P.O. Box 39, Sisters, OR 97759

I hereby authorize the City of Sisters to charge my credit card indicated below for the utility charges invoiced by the City of Sisters on the payment due date. I authorize the city to share my credit information with BendMailing, the city uses BendMailing to manage the auto-pays. Invalid credit card expiration dates or incorrect billing addresses may result in payments to be declined.

It is my responsibility to update the City with the most current credit card information.

Name *(as it appears on card)*: _____ Ph/Cell#:(____)_____
Please Print

Credit Card# (16 digits): _____ Expires: _____

Credit Card Billing Address: _____ Email: _____

Type of Card: VISA ☐ MASTERCARD ☐ 3 DIGIT SECUITY CODE_____

- This authorization is only good for the service address listed below.
- This authority will remain in effect until the City has received written notification from me at least two (2) weeks prior to effective stop date. If the City of Sisters is unable to charge my credit card, I understand that it is my responsibility to make other payment arrangements.
- I understand that if any automatic drafts are returned for insufficient funds, or refused for any reason, I will be automatically charged a fee of $ 25.00 per occurrence.
- The City will provide prior written notice and may terminate this payment option upon notice of two (2) declined transactions.

Name(s) Listed on Account: _____

Service Address: _____ City Utility Acct#: _____

_____ _____
SIGNATURE DATE

Accounts will be drafted on the 10th of the each month. If the 10th falls on a weekend the City would draft your account on the next available business day.

☐ CANCEL MY CREDIT CARD DRAFT

_____
SIGNATURE DATE

For Office Use Only:

CC # Entered: _____ Date: _____

Created 10/11/10