Credit Card Authorization Form

520 E. Cascade Avenue | PO Box 39 - Sisters, Or 97759 | ph. (541) 549-6022 | www.ci.sisters.or.us

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# :(____) _____

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

Credit Card Billing Address: _____ 3 Digit Security Code _____

Email: _____

Type of Card: VISA ☐ MASTERCARD ☐

• 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.

_____
SIGNATURE ***DATE***

For Office Use Only:

CC # Entered: _____ *Date:*_____