



## CREDIT CARD AUTHORIZATION FORM

Please complete this form authorizing the Mansfield Municipal Electric Department (MMED) to process payment to your electric account monthly using your credit card.

Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Electric Account #: \_\_\_\_\_

Visa \_\_\_\_\_

MasterCard \_\_\_\_\_

Discover \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

**Billing Address for Credit Card:** House Number *or* PO Box #: \_\_\_\_\_

**Billing Address for Credit Card:** Zip Code : \_\_\_\_\_

Credit Card Account # \_\_\_\_\_

Credit Card Expiration Date: \_\_\_\_\_

CVV2 # (from back of the card - last 3 digits in signature line) \_\_\_\_\_

I hereby authorize MMED to process payments in the amounts shown on my monthly electric bill to my credit card listed above. If at any time I wish to discontinue this service, I must simply notify MMED in writing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **FOR OFFICE USE ONLY**

Billing Cycle \_\_\_\_\_ PC Transact It Date \_\_\_\_\_ Clerk \_\_\_\_\_