

**City of Lake Waukomis
Credit Card Authorization Form**

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

You may fax this form to 816-741-3791 or email it to waukomiscityclerk@kc.rr.com.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____ 3 Digit Security Code: _____
Cardholder ZIP Code (from credit card billing address): _____

Email to send the receipt: _____

I, _____, authorize the City of Lake Waukomis to charge my credit card above in the amount of _____ for the following:

- Business License - \$75.00
- Half year Business License (July-December) - \$37.50
- Building Permit Fee - \$ _____
- Other - _____ \$ _____

I understand there is a 4% service charge.

Customer Signature

Date