CITY OF CLAYTON
CREDIT CARD PAYMENT AUTHORIZATION

Date: _____

E-mail: applicationsbd@claytonmo.gov

MasterCard ☐ Visa ☐ Discover ☐

Payment is being made for: _____

_____

Cardholder:	
Billing Address:	**Zip Code:**
Telephone:	
Card Number: (16 Digits)	**CVV No.** (3 Digits on back of card)
Expiration Date: __ __ / __ __ (mm/yy)	

Amount authorized for payment:	$
Cardholder signature: X	Date:

For office use only:			
Account Number		Amount	
Description			

Account Number		Amount	
Description			
		Total	

Processed by:_____