

**CITY OF CLAYTON
CREDIT CARD PAYMENT
AUTHORIZATION**

Date: _____

Fax: 314-863-0296
E-mail: jegel@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			
			<i>Total</i>

Processed by: _____