



F a x- FINANCE - CUSTOMER SERVICE

To: _____
 Date: _____ Number of Pages ____ (Includes Cover)
 Subject: **Fax Authorization for "Credit/Debit" Card payment**
 Phone Number: (____) _____
 Fax Number: (____) _____
 From: Finance - Customer Service: _____
 Phone Number: (831) 223-5000
 Fax Number: (831) 678-3965

This Fax Report will be used by the City of Soledad to complete a charge to your personal "Credit/Debit Card" as authorized. I understand that this is a "Convenience" service provided by the City and a cost for this service may be applied in the future. At the present time the convenience fees charge is at no cost. The Finance-Customer Service will log this fax document charge your account then destroy this information. This form is for a one-time only use.

CREDIT/DEBIT CARD APPROVAL

REFERENCE #

ACCOUNT #: _____

NAME: _____

By Phone **SERVICE ADDRESS:** _____

By Fax _____

By EMAIL **C.C. BILLING ADDRESS:** _____

_____ _____

TELEPHONE #: _____

AMOUNT: _____

CREDIT CARD #: _____

EXP. DATE: _____

**AVS
CODE:** _____

Authorized Signature: _____

Remarks:
Action: Finance - Customer Service: _____