



8116 Park View Blvd
La Vista, NE 68046
P: 402-331-4343
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One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize **City of La Vista** to make a one time debit to your credit card listed below.

By signing this form you give **City of La Vista** permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize **City of La Vista** to charge my credit card
(full name)
account indicated below for _____ on or after _____. This payment is for
(amount) (date)

(description of goods/services)

Billing Address _____ Phone# _____
City, State, Zip _____ Email _____

<p>Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover *The City of La Vista only accepts these three credit cards.*</p> <p>Cardholder Name _____</p> <p>Account Number _____</p> <p>Expiration Date _____</p> <p>CVV2 (3 digit number on back of Visa/MC) _____</p>

Acceptance Methods: The City of La Vista will only accept credit card payments by the following methods: In person, via Fax or via physical mail. **E-mailed authorization forms will not be accepted.**

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.