



CREDIT CARD PAYMENT AUTHORIZATION

Amount: \$ _____ please charge for the following:

<ul style="list-style-type: none"> <input type="radio"/> Dog License <input type="radio"/> Hunting License (Include Copy of Driver's License) <input type="radio"/> Transfer Station <input type="radio"/> Town/County Property Tax 	<ul style="list-style-type: none"> <input type="radio"/> Recreation Fees \$ _____ <input type="radio"/> Pool Pass (Season Pass Only) <input type="radio"/> Building Permit Application <input type="radio"/> Marriage License <input type="radio"/> Geneology Search
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Account #: _____

Expiration Date: ____/____

3 Digit Security Code: ____

Billing Zip Code: _____

(Located on the back of card)

Card Holder Name: _____

(Exactly as it appears on card)

Billing Address:

Phone: (____) _____

Signature: _____ Date: _____

By signing this authorization form you allow the Town of Washington to charge your credit card a one-time fee for the purpose indicated above. **Credit card transactions are charged an additional fee of \$1.95 up to \$80.00 and 2.45% if over \$80.00.**

NOTES: Please specify what department and program you are paying for:
