



Credit Card Authorization Form

CARDHOLDER INFORMATION

Name: _____

Billing Street Address: _____

Street Address (cont.): _____

City: _____ State: _____ Postal Code: _____

Country: _____ Email _____

Address: _____

Direct Telephone: (____) _____ - _____

CREDIT CARD INFORMATION

I authorize a one-time charge against my credit card for the following amount \$ _____

Payment Description _____

Credit Card Type: MasterCard Visa Amex

Number: _____

Expiration Month: _____ Expiration Year: _____ Security Code: _____

Cardholder Signature X _____ Date ___/___/___

**Please email to:
Finance@southmiamifl.gov**

Finance Department
(305) 663-6343