



City of St. Marys  
Community Development

418 Osborne Street  
St. Marys, Georgia 31558  
(912) 510-4032

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### Credit Card Authorization

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To Whom it May Concern,

I, the undersigned, do authorize the City of St. Marys to debit my credit/debit card for payment of the below fee(s) using the following information.

### Request for Credit Card Payment

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Today's Date \_\_\_\_\_ Fee Type/Reference \_\_\_\_\_  
*(If applicable)*

Fee Amount \$ \_\_\_\_\_ + \$3.00 Processing Fee = Total Charged to Card \$ \_\_\_\_\_

### Credit/Debit Card Information

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Card Type \_\_\_\_\_ VISA \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_ American Express

Credit Card Number \_\_\_\_\_

Expiration Date on Credit Card \_\_\_\_\_

Name as shown on Credit Card \_\_\_\_\_

Signature of Card Holder \_\_\_\_\_