

Credit Card Authorization Form

Check one: MasterCard ☐ Visa ☐ Discover ☐ American Express ☐

Credit Card #:

Expiration Date: _____ 3-Digit CVV (on back of card): _____

Billing Address: _____

I, (name on card) _____, authorize the Town of Concord to charge my account in the amount of \$ _____ ** (plus applicable service fee) **.

Signature _____

The service fee equals 2.45% or a minimum of \$3.00 per transaction