

**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 \$1.75 on transactions under \$64. A service fee of 2.75% will be charged on transactions over \$64.