

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.