



Credit Card Payment Authorization Form

Instructions: To pay by credit card, please complete both sections below.

ALL INFORMATION IS REQUIRED

CREDIT CARD HOLDER INFORMATION

Please check credit card type:

Visa MasterCard Discover

Credit Card Number: _____ Expiration Date: ____ / ____ (mm/yy)

Exact name as it appears on the credit card: _____

CVV: ____ Billing Address: _____ City & State: _____

Billing Zip Code: _____ Amount to be charged: \$ _____

Primary Phone Number: _____ Secondary Phone Number: _____

Cardholder Signature: _____ Date: _____

LICENSE/DRIVER INFORMATION

Name as it appears on Driver's License/ID: _____

Licensee's Drivers License/ID number: _____

Birth Date: ____ / ____ / ____ (mm/dd/yyyy)

Gender (circle one): Male Female

Please send this credit/debit card payment form to:

Town of Windermere
ATTN: Finance Department
614 Main Street
Windermere, FL 34786
Fax: (407) 876-0103

What type of service is this payment for? _____