



**RECURRING MONTHLY CREDIT CARD PAYMENT AUTHORIZATION**

**RETURN FORM TO:** PETERSBURG BOROUGH  
PO Box 329 PETERSBURG, AK 99833

NAME ON ACCOUNT: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

**ADDRESS YOU RECEIVE MONTHLY CREDIT CARD STATEMENT AT:**

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**CREDIT/DEBIT CARD:**

CARD TYPE: \_\_\_ VISA \_\_\_ MC \_\_\_ DSVR

CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ ZIP CODE \_\_\_\_\_ CVC \_\_\_\_\_

**I DO HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION IS CORRECT AND THAT I AM THE AUTHORIZED USER OF SAID ACCOUNT. I AUTHORIZE THE PETERSBURG BOROUGH TO CHARGE MY MONTHLY BILL BETWEEN THE 10TH AND THE 14TH UNTIL FURTHER NOTICE.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE