CREDIT CARD AUTOMATIC PAYMENT FORM

April 1st tax bill _____
September 1st tax bill _____

Monthly payment amount and date (if not the last business day of the month) _____

Customer Number(s) _____

Property Account Number(s) _____

Account Name(s) _____

Credit Card Number_____

Expiry Date_____ CVV#_____

Telephone Number_____

Email Address_____

Signature _____

PAYMENT AMOUNT	DATE	AUTHORIZATION #

PAYMENT AMOUNT	DATE	AUTHORIZATION #