



CITY OF SAINT PAUL

**100 GORBATCH STREET PO Box 901
 SAINT PAUL ISLAND, ALASKA 99660
 907-546-3100 (MAIN) 907-546-3188 (FAX)
 WWW.STPAULAK.COM LIKE US ON FACEBOOK**

CREDIT CARD AUTHORIZATION FORM

Name on Card:													
Business Name:													
Billing Address:								City:					
State:								Zip Code:					
Telephone Number:													
Credit Card Number:								Expiration Date:					
Permanent Authorized Users													
Name 1:													
Name 2:													
Name 3:													
Name 4:													
Name 5:													
Temporary Authorized Users													
Name						Date From			Date To				
Authorized Charge Accounts													
Fuel		Electric		Water		Sewer		Refuse		Gas Station		Other	
Signature Authorization													
I authorize the City of Saint Paul to apply payment to the accounts listed above and to allow the listed names above to use this information for payment.													
Signature										Date			
Additional Payment Instructions													
<i>In the event the credit card is declined, payment must be made by the billing statement due date. There is a \$20 decline fee. If you have any questions regarding this form, please call the City Cashier Office at 907-546-3125.</i>													