

CITY OF ONEIDA

Office of the City Clerk
109 N. Main Street
Oneida, NY 13421
315-363-7378/315-363-9558 Fax

Applicant can either scan and email this form to our office or submit it through the mail with the completed application. All transactions are subject to approval and card authorization. **Fees apply: 2.19% Credit Cards; 1.79% Debit (\$1.00 minimum fee credit/debit card)**

CREDIT CARD AUTHORIZATION FORM

CARDHOLDER INFORMATION

Name: _____

Billing Street Address: _____

City: _____ State: _____ Postal Code: _____

Country: _____ Email: _____

Address: _____

Direct Telephone: (_____) _____ - _____

I hereby affirm that I am the owner of the below referenced credit card and that my name is listed on the front of the credit card.

I hereby authorize the City of Oneida, 109 N. Main St. Oneida, NY 13421, to charge my credit card (listed below) in the amount of \$_____, according to the terms of the attached application.

Account Holder Signature

CREDIT CARD INFORMATION (Please note if credit or debit)

Credit Card Type: _____ Visa _____ MasterCard _____ American Express _____ Discover

Card Number: _____

Expiration Month: _____ Expiration Year: _____ CVV No.: _____

Cardholder Signature : _____

Date: _____

**Please print legibly. If we are unable to verify your information, the application will be returned.

For Office Use Only

Confirmation ID: _____

By Whom: _____