



City of Nevada  
110 South Ash  
Nevada, Mo 64772

Phone 417-448-5115  
Fax: 417-381-1938

AUTHORIZATION AGREEMENT  
CREDIT CARD DRAFTING

I (we) hereby authorize The City of Nevada, hereinafter called CITY, to charge the credit card indicated below on the due date.

_____ Utility Account Number	_____ Name on Card
_____ Service Address	_____ Billing Address
_____ Credit Card Number	_____ Billing Zip Code
_____ Credit Card Expiration Date (MM/YYYY)	Card Type: ____ MasterCard ____ Visa
_____ Security Code (located on the back of your card)	_____ Email Address

It is the responsibility of the customer to contact the city to update expired or other changes made to the card provided above. If we are unable to process your payment due to insufficient card information penalties will not be waived. If card is declined for any reason account will be subject to penalty and late notice will be mailed. This authority is to remain in full force and effect until the CITY has received written notification from me (or either of us) of its termination in such time and manner as to afford CITY reasonable opportunity to act on it.

_____ Phone Number	_____ Today's Date
_____ Effective Date	_____ Print Individual Name of Card Holder
	_____ Signature of Card Holder