

**City of Union, Missouri**

**One (1) Time Credit Card Payment Authorization Form**

By signing this form, you give us permission to debit your account for the amount indicated below. This is a permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Building Permit                      \$ \_\_\_\_\_  
 Business License                      \$ \_\_\_\_\_

| <b>Credit Card Information</b>                                               |
|------------------------------------------------------------------------------|
| Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard |
| Cardholder Name (as shown on card)                                           |
| Card Number:                                                                 |
| Expiration Date (mm/yy):                                                     |
| Billing Address:                                                             |
| Phone Number:                                                                |

**Cardholder's Signature** \_\_\_\_\_

I authorize the City of Union to charge the credit card indicated in the authorization form according to the terms outlined above. This payment authorization is for the services described above, for amount indicated above only, and is valid for one-time use only. I certify that I am an authorized user of the credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

**Please send this completed form to:**  
**(license) [wparsons@unionmissouri.org](mailto:wparsons@unionmissouri.org) or (permit) [dkossmann@unionmissouri.org](mailto:dkossmann@unionmissouri.org)**  
**City of Union • 10 E. Locust Street • Union, MO 63084**

All information is kept confidential and used only for the purposes as noted above. Information is deleted once transaction is completed.