



Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*By signing this form, you authorize Golden State Municipal to charge your credit/debit card for the amount above.*

Amount : \_\_\_\_\_

Phone Number : \_\_\_\_\_

City, State and Zip : \_\_\_\_\_

Billing Address : \_\_\_\_\_

Security Code : \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

Type of card: Visa \_\_\_\_\_ M/C \_\_\_\_\_ AMEX \_\_\_\_\_ Discover \_\_\_\_\_

Name on the card: \_\_\_\_\_

### Credit Card Authorization Form

