

## CREDIT CARD AUTHORIZATION FORM

I \_\_\_\_\_, authorize City Bonding to withdraw from my debit/credit card \$\_\_\_\_\_ as payment for \_\_\_\_\_ bond premium. I also understand that my signature below gives City Bonding permission to run my credit card should this account become delinquent.

Card Number: \_\_\_\_\_

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

3 Digit Code: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
last 4 digit of SSN

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print Name

Address

Telephone Number

**\*\*\*Please return with a copy of your Drivers License\*\*\***