



CREDIT CARD PAYMENT AUTHORIZATION FORM

PLEASE COMPLETE THIS FORM AND RETURN TO: **City of Roseville**
Attn: Accounts Payable
311 Vernon Street
Roseville, CA 95678
Fax: 916-784-3796

PART 1: Payee Identification

Company Name		Business Phone	
Remittance Address		Fax Number	
City	State	Zip	

PART 2: Payment Setup

Payee would like to be contacted by the City of Roseville with invoice and credit card information by (select one):

PHONE

Contact Person:

FAX

E-MAIL

Full Name:

WEBSITE

PART 3: Payment Confirmation

Payee will send payment confirmation to the City of Roseville by the following process (select one):

Fax

US Mail

E-mail

PART 4: Authorizer Identification

Authorized Signature	Printed Name	Title	Date
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Authorization will remain in effect until written notice to terminate is given.