



ONE TIME CREDIT CARD PAYMENT AUTHORIZATION FORM

Sign & complete this form to authorize the City of Hinesville Inspections Department to make a one-time debit to your credit card listed below. This is permission for a single transaction only. It does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I, _____, authorize the City of Hinesville Inspections Department to charge
(Print Full Name)

my credit card account indicated below for \$ _____ on or after _____
(Amount) (Date)

This payment is for: _____

Billing Address: _____

City/State/Zip: _____

Phone #: _____ Email: _____

Account Type: VISA MasterCard Discover

Account #: _____

Expiration Date: _____

CVV #: _____

Cardholder Name: _____
(Print Full Name)

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one-time use only. I certify that I am an authorized user of this 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 on this form.

Email to: insp_contact@cityofhinesville.org

Fax to: (912) 876-4770