CITY OF EL CAJON
200 Civic Center Way
El Cajon, CA 92020

CREDIT CARD AUTHORIZATION

_____
Name on credit card (your name exactly as printed on credit card)

_____
Billing address – Street number & name (address that credit card is billed to)

_____
Billing address – City, State & Zip Code

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Credit card number (Visa or Mastercard only)

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Month Year Security Code
Expiration Date Three-digit code located on back of card

ACKNOWLEDGEMENT & SIGNATURE

I _____, of _____
(Print Name) *(Company Name, if applicable)*
authorize the City of El Cajon to charge my credit card for payment of fees as evidenced by my signature and date below.

_____
Signature

_____
Date

In accordance with City of El Cajon Policies and Procedures, only the Acknowledgement & Signature portion of this Credit Card Authorization will be kept on file by the City of El Cajon as evidence of payment for said fees. The top portion of this form (above the dotted line) that contains the name/billing address, credit card #, expiration date and security code will be destroyed once this transaction is complete.

Finance Department
Phone (619) 441-1668
Fax (619) 588-1190

Building & Fire Safety Department
Phone (619) 441-1726
Fax (619) 441-1743

Public Works Department
Phone (619) 441-1653
Fax (619) 579-5254