



1225 Main Street
Sebastian, FL 32958
(772) 589-5330

Please complete and fax back to (772) 388-8249

CREDIT CARD AUTHORIZATION

Date: _____

PURPOSE (Permit No. if applicable): _____

CARD: () Visa () Master Card () American Express () Discover

Cardholder's Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number _____

Card Number: _____

Verification Number: _____ Expiration Date: _____

Amount Charged: \$ _____ Processing Fee \$ _____
(See Below)

Fax Number (for receipt) _____

Email Address (for receipt) _____

I authorize the City of Sebastian to charge the above amount to the credit card number provided. I understand that this is a one-time use credit card authorization form and will not be kept on file.

Cardholder Signature

Title

Printed Name

This service is provided through Point and Pay, LLC. There will be a convenience/processing fee to customers who elect to use this method of payment. **The charge is a minimum of \$2.95 up to \$100.00, plus \$2.00 for every \$100.00 increment above that.** The City does not retain any portion of this fee.