

Online Direct Pay Authorization Agreement For Credit/Debit Cards VISA / MASTER CARD / DISCOVER

Privacy Policy: Please note that all information provided on this form is confidential and will not be shared with any second party. This information will be used as a one-time on-line payments request.

Invoice Description				
Applicant (s) Name				
Billing Address				
City	State	Zip Code		
Home Phone #	Work Phone #			

CREDIT/DEBIT CARD PAYMENT INFORMATION	
<p>***Please note that you are responsible to ensure that your card number is correct. The City of Lincoln City is not liable for non-payment due to incorrect information***</p> <p>*** Your signature below indicates that you understand and agree to the terms stated above and that the information completed on this form is accurate.</p>	
Name(s) on Card	
Card Number	
Expiration	
Card Type (Do not accept American Express)	
CCV (3-digits on back of card)	
Zip Code Associate w/Card	
Transaction Amount	\$
Receipt Email Address	
Signature	

Terms and Conditions

1. This agreement is subject to the terms and conditions of the Automated Clearing House (ACH) with regard to electronic fund transfer (EFT) between banks and bank accounts.
2. This agreement shall remain in full force and in effect until the customer or the City of Lincoln City terminates the transaction. If either party closes the account or project is complete, this agreement shall terminate automatically.
3. The customer understands that it is their responsibility to insure that the City of Lincoln City receives payment. The City is not responsible to contact the customer if payment is not received, returned or declined. Therefore, the customer agrees to ensure that there are sufficient funds available to cover this payment.

I agree to the above statements and understand the agreement between the City and myself. I understand the above statement and agree to be bound by all rules and regulations above.

Signature: _____ Date: _____