



Authorization Agreement for Credit Card Payment

305 E Luverne St, PO Box 659
Luverne, MN 56156
(507) 449-2388
www.cityofluverne.org

Purpose of Credit Card Payment	
Utility Account	Luverne Area Aquatic and Fitness Account

Company Information	
Company Name:	City of Luverne
Account Number:	

I/We hereby authorize the City of Luverne, hereinafter called Company, to initiate credit card entries to my Visa or MasterCard Account (check one).

Customer Information	
Name:	
Address:	
Phone Number:	

This authorization is to remain in full force and effect until Company has received written notification from me of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

Name _____
(Please Print or Type)

Date _____ Signature _____

For Office Use Only	
Entered By:	
Date:	
Effective for Bill Due Date of:	

----- CUT HERE -----

Card Information	
Credit or Debit Card Number:	
Expiration Date:	

After credit card information is entered in the software please cut on the line and shred this bottom portion.