## CITY OF GOODING CREDIT/DEBIT CARD AUTHORIZATION FORM

Please complete and send to
City of Gooding, 308 5<sup>th</sup> Avenue West, Gooding, ID 83330-1205

Name:		Phone:		
Mailing Address:				
City:	State:		Zip:	
Email Address:				
I hereby give City of Gooding pecity services to my credit/debit cabilling.  I agree to give written notice who written notice of termination 30 carrangement.	ard on the 10 <sup>th</sup> of en terminating this	each month for agreement. C	or the amount of the City of Gooding requires	
I understand that failure to give a charge applied to my debit/credit	** *	may result in a	n additional monthly	
I understand it is my responsibili I receive a new one.	ty to let the City o	f Gooding kno	w if my card expires or	
I understand that if a processed p of \$20.00 will be assessed to my				
	/			
Print Name As It Appears On Ca	ırd	Type of Car	rd (ie: Visa/Mastercard)	
	/	/		
Credit Card Number	CVV C	ode	Expiration Date	
Customer Signature			Date	
City of Gooding Representative			 Date	