



8116 Park View Blvd  
La Vista, NE 68046  
P: 402-593-6400  
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### One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize City of La Vista to make a one time debit to your credit card listed below.

By signing this form you give City of La Vista permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

#### Please complete the information below:

I \_\_\_\_\_ authorize City of La Vista to charge my credit card  
(full name)  
account indicated below for \_\_\_\_\_ on or after \_\_\_\_\_. This payment is for  
(amount) (date)  
\_\_\_\_\_  
(description of goods/services)

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Account Type:	Visa	MasterCard	Discover	American Express
Cardholder Name	_____			
Account Number	_____			
Expiration Date	_____			
CVV2 (3 digit number on back of Visa/MC)	_____			

**Acceptance Methods:** The City of La Vista will only accept credit card payments by the following methods: In person, via Fax or via physical mail. **E-mailed authorization forms will not be accepted.**

**All credit card transactions with the City of La Vista have the following convenience fees:  
Credit Cards - 3% of transaction with \$2 minimum**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.