



ELLSWORTH COUNTY TREASURER

*Geneva Schneider*

210 N. KANSAS - ELLSWORTH, KS 67439

PH. 785-472-4152

FAX 785-472-3818

## CREDIT CARD AUTHORIZATION FORM

NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DRIVER'S LICENSE: \_\_\_\_\_

I hereby affirm that I am the owner of the below referenced credit card and that my name is listed on the front of the credit card.

I hereby authorize Ellsworth County Treasurer's Office to charge my credit card (listed below) in the amount of \$\_\_ for payment of transactions processed.

Account Holder Signature: \_\_\_\_\_

### CREDIT CARD INFORMATION

Credit Card Type (Please Circle): Mastercard Visa American Express

Discover Card Card Number \_\_\_\_\_

Expiration Month: \_\_ Expiration Year: \_\_\_\_ Security Code \_\_\_\_\_

Cardholder Signature x \_\_\_\_\_

There will be an additional 2.5% processing fee applied to the total of the transaction.