

**3940 Illinois Street
P.O. Box 1757
Semmes, AL 36575**



**Phone: 251/649-5752
Fax: 251/649-5788
www.cityofsemmesal.gov**

Credit Card Authorization Form

Please fill out the information below. By completing this form, you are authorizing The City of Semmes to charge your card accordingly.

**Please be advised there will be a minimum of \$2.50 or 3.75% convenience fee (whichever is greater).

Card Type: Visa Mastercard Other_____

Name on Card: _____

Card # _____

Expiration Date: _____ 3-Digit Code #: _____

Billing Address: _____

City, State, Zip: _____

Contact Number: _____

Email Address: _____

Signature

Date