

Lacy Borgeson  
CITY SECRETARY



**CREDIT CARD AUTHORIZATION**  
**City of Temple**

Name as it appears on card: \_\_\_\_\_

Type of Card (select one): Visa \_\_\_\_\_ MasterCard \_\_\_\_\_

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

3-digit security code \_\_\_\_\_

Expiration date of card: \_\_\_\_\_

Billing address associated with card: \_\_\_\_\_

Street

City

State

Zip

Contact phone number: \_\_\_\_\_

\_\_\_\_\_  
Card holder's Signature of Authorization

\_\_\_\_\_  
Date