# **Parke County Auditor**

116 W. High Street, Room 104 Rockville, IN 47872 Phone: 765-569-3422 Fax: 765-569-4037

## **One Time Credit/Debit Card Payment Authorization Form**

Please complete and sign this form to authorize the **<u>Parke County Auditor</u>** to make a one time debit to your credit/debit card listed below.

By signing this form you give us permission to debit your account for 2016 Transient Merchants License (TML) fees. 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(full name)	authorize the <b>Parke County Auditor</b> to charge my credit card
account in an amount <b>NOT TO E</b>	CEED \$170.00 per license on or after
This payment is for:	
2017 Parke County Transient Me (description of goods/services)	rchants License (TML).
Billing Address	Phone#
City, State, Zip	Email
Account Type: 🗌 Visa 🗌	MasterCard Discover
Cardholder Name	
Account Number	
Expiration Date	3 Digit Security Code

### A convenience fee of 3.00% will be assessed to each Credit/Debit Card Transaction. There is a minimum Convenience Fee of \$1.00 for all transactions under \$33.00.

For questions contact <u>www.paygov.us</u> or 24/7 at 1-866-480-8552

#### 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.

\*\*Disclaimer: The Parke County Auditor's office will not retain credit/debit card information, upon authorization of applicable TML fees all credit/debit card numbers and/or security codes will be destroyed.