



PAYER (Please Print)

AUTOMATIC CREDIT CARD PAYMENT AUTHORIZATION FORM:

If you would like the convenience of automatic payment, simply complete and sign this form. The credit card provided will automatically be charged for the amount indicated on your monthly invoice, with the total charges appearing on your monthly installment bill. Charges will be applied to your credit card at the end of each month and will include up to a 3% service fee.

Upon completion and submission of this form, your program fees with the City of Fort Lauderdale Parks & Recreation Department will be paid automatically through your credit card - you will receive a monthly installment bill specifying the fees that have been applied via email. All requested information is required, and your credit card information will be destroyed once it has been encrypted into your account.

First Name	Middle Initial	Last Name		Date of Birth
Billing Address_				
Stree	et Apt. #	City	State	Zip
()_ Phone		Email Address REQ I	JIRED	
Program Participants Name		Program Name		
my credit card acc Department has red	the City's Parks & Recreation of the City's Parks & Recreation of the Count. This authorization of the County of t	vill remain in full force equesting termination.	until the City Written notification	's Parks & Recreat ation must be received.
				
Payer Signature	Prir	nt Name	Date	
Payer Signature	Prin			
Payer Signature	Date Entered:			
Payer Signature Office Use Only:	Date Entered:	Entered By:	 ON	
Payer Signature Office Use Only: City of Fort Lauderd Please Select One:	Date Entered:	Entered By: CARD INFORMATION Dartment accepts the form Master Card	DN Iowing Credit (Cards:

SUBMIT COMPLETED FORMS VIA THE U.S. POSTAL SERVICE TO THE FOLLOWING:

City of Fort Lauderdale, 501 Seabreeze Blvd, Fort Lauderdale FL 33316

Please direct any inquiries pertaining to the above to **Denise Thompson** dthompson@fortlauderdale.gov