

**CITY OF EDGEWATER
FINANCE DEPARTMENT**

104 North Riverside Drive
P.O. Box 100

Edgewater, Florida 32132

customerservice@cityofedgewater.org

Phone: (386) 424-2400

FAX: (386) 424-2409



CREDIT CARD AUTHORIZATION

Customer Name: _____ Phone Number: _____

Type of Service: _____

Parcel ID/ Address Payment for: _____

Credit Card Servicer: Visa MasterCard Discover American Express

Expiration Date: _____

Name on Credit Card: _____

Amount Being Applied: _____

Credit Card Billing Address: _____

Signature of Cardholder: _____

Cut Here

Credit Card Number: _____ CCV: _____