

Our Mission...

To be responsible stewards of the public trust,  
To strive for excellence in public service, and  
To enhance the quality of life for all.



## Credit Card Payment Authorization Form

Credit Card #: \_\_\_\_\_

Exp. Date on card: \_\_\_\_\_ Security Code: \_\_\_\_\_

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

Company name on card (if applicable): \_\_\_\_\_

Credit Card Billing Zip Code: \_\_\_\_\_

Contact person: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Authorized Amount: \_\_\_\_\_

Email Address: \_\_\_\_\_

I authorize the City of Wylie to charge my Credit Card for payment of their products and/or services. By signing this authorization, I acknowledge that I have read and agreed to all of the above information and warrant all the information given is true.

Print name of card holder: \_\_\_\_\_

Signature of card holder: \_\_\_\_\_

Transaction approval date: \_\_\_\_\_

Email form to [Permits@wylietexas.gov](mailto:Permits@wylietexas.gov)