



# Gilchrist County Building Department

209 SE First Street  
Trenton, FL 32693  
Phone 352-463-3173 – Fax 352-354-9113  
Email – buildingdepartment@gilchrist.fl.us

## One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize Gilchrist County to make a one time debit to your credit card listed below.

By signing this form you give Gilchrist County permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

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### Please complete the information below:

I \_\_\_\_\_ authorize Gilchrist County to charge my credit card  
(full name)  
account indicated below for \_\_\_\_\_ on or after \_\_\_\_\_. This payment is for  
(amount) (date)  
\_\_\_\_\_  
(description of goods/services)

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

**PLEASE SIGN IN BLUE INK ONLY**

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.

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Cardholder Name _____
Account Number _____
Expiration Date _____
Security Code on back of card _____ Billing Zip Code _____