



Wheatland County

Credit Card Payment Authorization Form

Cardholder Information

First Name: _____ Last Name: _____

Company Name (if applicable): _____

Mailing/Billing Address: _____

Email: _____ Phone: _____

I, _____, hereby affirm that I am the owner of the referenced credit card and that it is my name affixed to the front of the card. I do hereby authorize Wheatland County to contact me and request my credit card number and expiry date. Furthermore, I authorize Wheatland County to charge* the credit card \$_____ for payment towards the following service(s)**:

I understand that Wheatland County does not retain credit card information for future purchases and I will have to submit an authorization form prior to each payment not completed in person at the office.

Authorized Signature: _____ Date: _____

Please email or fax the completed form to our office. **Do not** include the credit card number or attach copy of the credit card with this form. A staff member from our administration office will call the phone number listed above to retrieve the credit card number and expiry date.

* CREDIT CARD CHARGES MAY NOT EXCEED \$10,000.

** THE FOLLOWING ITEMS AND SERVICES ARE NOT PAYABLE BY CREDIT CARD: PROPERTY TAXES, UTILITIES, WELL DRILLING INVOICES, CASH IN LIEU PAYMENTS, AND REFUNDABLE DEPOSITS.

Address: 242006 Range Road 243 **Mail:** Highway 1 RR 1, Strathmore, AB T1P 1J6
Email: admin@wheatlandcounty.ca **Phone:** 403-934-3321 **Fax:** 403-934-4889
www.wheatlandcounty.ca @WheatlandCounty