



Credit Card Authorization Form

If you would like to pay a balance on your account(s)/invoice(s) via credit card, please complete and submit this form to: cashier@cityofmenifee.us.

Please select card type:



Cardholder Name (Please print clearly)

Credit Card Number

____/____
Expiration Date

CVC

Please provide the Invoice number(s) for which payment should be applied to:

\$ _____
Invoice Amount

\$ _____
3% processing fee

\$ _____
Total Amount Authorized for processing

Email (Receipt will be emailed to the email provided)

Signature of Authorizing Agent

Date

*Please note that signing this document means that the authorizing party has assumed sole responsibility of the payment and gives the City of Menifee authorization to charge the card listed above. The amount authorized will include a 3% credit card processing fee.