



CREDIT CARD AUTHORIZATION FORM

NAME: _____

Cardholder Name: _____
(EXACTLY AS IT APPEARS ON THE CARD)

Billing Address _____ // _____
Street City State Zip // Phone #

Credit Card Type: _____ VISA _____ MASTERCARD _____ DISCOVER _____ AMXPRESS

Credit Card Number: _____ - _____ - _____ - _____
Expiration Date: _____ / _____

Billing Zip Code: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____



I authorize The Redding Police Department to charge the above credit card the indicated amount. I understand that there will be a convenience fee which will be charged by Point & Pay inc. © of \$2.00 or 2.95% (whichever is greater) that will be charged in addition to the amount which is collected by the Redding Police Department.

Amount Charged: \$ _____ (USD)

Signature X _____

Service Requested: _____

Case No. (if applicable): _____

FAX or send the authorization to:

Redding Police Department
96 Hill Road
Redding, CT. 06896 U.S.A.
Phone (203) 938-3400 Fax (203) 938-9427

