



**CITY OF ST. GEORGE
MUNICIPAL SERVICES**
proudly served by IBTS

Authorization to Charge a
Credit or Debit Card

225-228-3200 | 11207 Proverbs Avenue, St. George, LA 70816 | stgeorgela.gov

Transaction fee will apply.

Charge

For (e.g. Case No.): _____

Amount (min. \$10) \$ _____

Card Type

Check one box.

Debit, Personal

VISA MasterCard Discover

Credit, Personal

VISA MasterCard Discover
 American Express Apple Pay

Credit, Business

VISA MasterCard Discover
 American Express Apple Pay

Card Holder

Name (as it appears on the card): _____

Business Name, if applicable: _____

Billing Address: _____

City, State, Zip: _____

Phone # _____

Email: _____

I hereby authorize a charge in the amount and to the card shown on this form, and understand that a transaction fee will apply.

Signature of Cardholder

Date

**The City of St. George does not keep confidential credit/debit card information on file.
All information below this line will be destroyed after processing.**

Card Number: _____

CVV: _____ Expiry Date (MM/DD/YYYY): _____