



City of Homestead
Credit Card Authorization Form

City of Homestead
100 Civic Court
Homestead, FL 33030
Office: 305-224-4800
Fax: 305-224-4839

OFFICE USE ONLY	
CID	_____
LID	_____
CLERK	_____
PROCESSER	_____
CHARGE AMOUNT	_____

All deposits must be paid in full before the service is connected.
All debit cards will be processed as credit cards.

Name as it appears on Card: _____

Requested By: _____

Credit Card Billing Address: _____

City: _____ State: _____

Zip: _____ Country: U.S.A.

Utilities Service Address: _____

By checking this box you agree to the convenience fee of \$3.85 per transaction charged by Paymentus to be **added** to this payment. Maximum amount per transaction is \$1,000.00.

Payment Amount: \$ _____.

Convenience Fee: \$ _____.

Total: \$ _____.

I authorize City of Homestead to charge my credit/ debit card the total amount of \$ _____.

Card Holder's Signature: _____

Date: _____

Please circle your card type:



***Please print clearly**

Card Number: _____

Expiration Date: ____ / ____

Security Code Number: ____ (CVV2)