



**CITY OF HIALEAH GARDENS  
DEPARTMENT OF WATER AND SEWER**

13601 N.W. 107th AVENUE | HIALEAH GARDENS, FL 33018 Phone: (305) 822-3017 Fax: (305) 827-0235

**Authorization Agreement for Credit Card Payments**

One-time Payment

Utility Account # (as it appears on your bill) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Utility Account Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alternative Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Credit Card Holder: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Credit Card Type:  Visa  Mastercard

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

I authorize City of Hialeah Gardens Water and Sewer department to charge my credit card above in the amount of \$ \_\_\_\_\_.

I certify that I am the authorized user of this credit card and that I will not dispute the payment with my credit card company/bank.

AGREED AND ACCEPTED BY:

Print Name: \_\_\_\_\_  
(First) (Last)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your payment.