



**City of Homestead
Credit Card Authorization Form**

City of Homestead
711 NE 1 Rd.
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: _____

Utilities Service Address: _____

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

Card Holder's Signature _____ Date _____

Card Type (Please circle one)   

Please print clearly

Card number: _____

Expiration Date: ___ / ___

Security Code Number: ___ (CVV2)