



West Bay Sanitary District

Authorization for Credit Card/Bank Transfer

Name on card or account: _____

Billing Address: _____

Credit Cards include a 3% fee based on the authorized amount due. Some credit cards may have additional charges.

Credit Card Type: Visa Mastercard Other _____

Credit Card Number: _____

Expiration Date: _____

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

Bank Transfers include a flat \$0.99 per transfer fee.

Bank Account Number: _____

Bank Rounting Number: _____

Authorized Chage Amount: \$ _____ (USD)

I authorize **WEST BAY SANITARY DISTRICT** to charge the amount listed above the credit card or bank account provided, including additional fees charged by providers. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder- Please Sign and Date

Authorized Signature: _____

Date: _____

Print Name: _____

Return the completed and signed form to the following:
Please email to info@westbaysanitary.org or fax back to: (650) 321-4265

All information will remain confidential