

**CITY OF LOS ALTOS**  
**One North San Antonio Road**  
**Los Altos, California 94022-3087**  
**Tel: (650) 947-2752**  
**Fax: (650) 947-2734**

**BANKCARD PAYMENT AUTHORIZATION**

**COMPANY/ NAME:** \_\_\_\_\_

**BANKCARD NAME:**            **VISA**            **MASTERCARD**            **(circle one)**

**BANKCARD NUMBER:** \_\_\_\_\_

**EXPIRATION DATE:** \_\_\_\_\_

**C/C BILLING ADDRESS:** \_\_\_\_\_

**C/C BILLING ZIP CODE:** \_\_\_\_\_

**PHONE NO.:** \_\_\_\_\_

**REASON FOR PAYMENT:** \_\_\_\_\_

**AMOUNT:**                    \$ \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**I AGREE TO PAY THE ABOVE TOTAL AMOUNT ACCORDING TO CARD  
ISSUER AGREEMENT**