Village of Ilion Municipal Office
49 Morgan St.
Ilion, NY 13357

CREDIT CARD AUTHORIZATION FORM

Circle One: Electric Account Water Account Both

Water Account Number:_____

Electric Account Number:_____

I, _____, request and authorize the Village of Ilion Municipal Office to keep my signature on file and to charge my:

(circle one) VISA MASTERCARD DISCOVER AMERICAN EXPRESS

for payments to the account(s) listed above.

I understand that this form is valid until I cancel the authorization. **NOTE:** I realize that I must notify the Village of Ilion Municipal Office when my expiration date changes on my credit card.

_____

Cardholder Name (Print) Telephone No.

_____

Cardholder Address

_____

City State Zip

_____

Credit Card Account Number Expiration Date

_____

Cardholder Signature Date