



10003-106 Street
Westlock, Alberta T7P 2K3
Phone: 780-349-4444
Fax: 780-349-4436

ONE TIME CREDIT CARD PAYMENT

This agreement is between The Town of Westlock:

And

(Property Owner)

(Property Address)

(City) (Province) (Postal Code)

(Roll Number/Account Number)

I certify that all information provided with respect to the account is accurate and I agree to inform the Town of Westlock in writing, of any changes in the Account information provided.

I hereby authorize The Town of Westlock to debit my Visa_____ MasterCard_____ or American Express_____ account:

(Name of Cardholder)

(Address)

() ()
(Area Code) (Phone Number) (Area Code) (Fax Number)

(Credit Card Number) (Expiry Date)

CVC (3 digit Number on back of card)

The amount of \$ _____ for Utility Account Payment _____

The amount of \$ _____ for A/R Account Payment _____

(Signature of Cardholder)

(Date – Month / Day / Year)