

Walter Ruhl
Supervisor

Timothy Hill
Treasurer

734-856-5383 Office



Angela Christensen

Whiteford Township Clerk
P.O. Box 206, 8000 Yankee Road
Ottawa Lake, Michigan 49267
www.whitefordtownship.org

Bernice Heidelberg
Trustee

Don Sahloff
Trustee

734-854-1817 Fax

Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.
All information will remain confidential.

Cardholder Name: _____

Billing Address: _____

Phone Number: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ AmEx

Credit Card Number: _____

Expiration Date: _____

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

Amount to charge: \$ _____ (USD)

I authorize Whiteford Township to charge the agreed amount listed above plus the applicable service fee to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Print Name, Sign and Date Below:

Signed: _____

Dated: _____

Print Name: _____

Email: _____

Once signed return the completed form to:

Whiteford Township Clerk
8000 Yankee Road Suite 100
Ottawa Lake, MI 49267
Fax 734-854-1817
whitefordtwpclerk@bex.net