

Walter Ruhl
Supervisor

Timothy Hill
Treasurer

734-856-5383 Office



Bernice Heidelberg
Trustee

Don Sahloff
Trustee

734-854-1817 Fax

Angela Christensen

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

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