

**Eagle Point Irrigation District****Credit Card Payment Authorization Form**

Property Address:

 Visa MasterCard AmEx Discover

Email address to send a receipt:

Cardholder Name:

Amount:

+ 3% fee

Card Number:

Expiration Date:

Phone #:

I authorize the EPID to charge the credit card indicated in this authorization form according to the terms outlined above, including a 3% transaction fee. This payment authorization is for the goods/services described on this statement, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Cardholder Signature:

Date:

FAX OR EMAIL SIGNED FORM TO 541-826-8738 or [office@eaglepointid.org](mailto:office@eaglepointid.org) or call in a phone payment 541-826-3411