

City of Leonard

PO Box 307
Leonard ND 58052

RECURRING PAYMENT AUTHORIZATION RELEASE FORM

I hereby authorize the City of Leonard to charge my credit/debit card the amount due on the 15th of each month.

Card Type:

Visa

MasterCard

Discover

American Express

Debit Card

Account Number _____

CCV (3 digit number on back of card) _____ Expiration Date _____

Name _____

Billing Address _____

City, State, Zip _____

e-mail address _____

phone number _____

Signature _____ Date _____

Please place this form in the payment box at Leonard Convenience Store, mail to City of Leonard, PO Box 307, Leonard ND 58052 or e-mail Trina at leonardndauditor@gmail.com