

# Credit Card Authorization Form

I, \_\_\_\_\_ authorize the Lee County Tax Collector's office to charge my credit/debit card. In the case this amount is higher than the actual estimate, I agree to pay the difference. I am aware that I will receive a copy of the charge slip and that this will act as my record of this transaction:

Cardholder Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Credit card type:      Visa      MasterCard      Discover

Credit card number: \_\_\_\_\_

Expiration date: month \_\_\_\_ year \_\_\_\_

Billing ZIP Code: \_\_\_\_\_

Credit card identification number (last three digits located on the back of the credit card): \_\_\_\_\_



There will be a service fee of a minimum of \$1.75 up to \$40 on debit cards with a 1.75% above \$40 a service fee of 2.30% will be applied on credit cards online fees will be set at 2.30%

Signature: \_\_\_\_\_

Email: [leecountytaxcollector@gmail.com](mailto:leecountytaxcollector@gmail.com)

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