



CREDIT CARD AUTHORIZATION FORM

LEE COUNTY UTILITIES

Customer Service

1500 Monroe St. 1st Floor

Fort Myers, FL 33901

Phone: (239) 533-8160 Fax: (239) 485-8399 E-Mail: LCUNewInstalls@leegov.com

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY

Customer Information

Name: _____ **Date:** _____

Address: _____ **Phone:** _____

_____ **Fax:** _____

STRAP Number or Address: _____

Credit Card Information

Master Card _____ **Visa** _____ **Discover** _____ **AMEX** _____

Credit Card Number: _____ - _____ - _____
(16 digits)

3 digits located on back of credit card or 4 digits on front of card for American Express

Expiration Date: _____ / _____
(MONTH) (YEAR)

Name as it appears on Credit Card: _____

Mailing address of the credit card: _____
Street or PO Box address _____

City, State and ZIP CODE _____

Payment Amount: _____

Card Holders Signature: _____

This application contains fillable fields and can be digitally signed if opened in Adobe Reader

Credit card payments may be made in person, Monday thru Friday, from 7:30 AM - 4:30 PM