

*St. Johns County Board of County Commissioners*

*UTILITY DEPARTMENT  
Customer Service*

*PO Drawer 3006  
Saint Augustine, Florida  
32085-3006*



*Phone: (904) 209-2700  
Fax: (904) 209-2718  
Email: utilbill@sjcfl.us*

**AUTHORIZATION AGREEMENT FOR PAYMENT  
OF DEPOSIT FROM CREDIT CARD**

I, \_\_\_\_\_, hereby authorize the St. Johns County Utility Department to initiate a charge to my credit card account for the purpose of paying my Utility deposit.

ONE TIME ONLY CHARGE in the amount of \$ \_\_\_\_\_

**Name:** \_\_\_\_\_

**Service Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_ **Exp Date:** \_\_\_\_ / \_\_\_\_

**3 Digit CVV #:** \_\_\_\_\_

**Select Card Type:**

\_\_\_\_\_ **Visa** \_\_\_\_\_ **MasterCard** \_\_\_\_\_ **Discover** \_\_\_\_\_ **American Express**

**Print Name:** \_\_\_\_\_

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

**Date:** \_\_\_\_\_

**For Internal Use Only:**

Customer Number: \_\_\_\_\_ Location Number: \_\_\_\_\_