

*St. Johns County Board of County Commissioners*

*UTILITY DEPARTMENT  
Customer Service*

*PO Drawer 3006  
SAINT AUGUSTINE, FLORIDA  
32084-8646*



*Phone: (904) 209-2700  
Fax: (904) 209-2718*

**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 \$ 100.00 Account # \_\_\_\_\_

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

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

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

Phone: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ 3 Digit CVV#: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Please mark appropriate one:

\_\_\_\_ Visa    \_\_\_\_ Mastercard    \_\_\_\_ Discover    \_\_\_\_ American Express

X \_\_\_\_\_  
(Print Name)

X \_\_\_\_\_  
(Signature)

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