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Electronic check/ Credit Card Authorization Form

Please complete the information in the box below to authorize an **electronic check** payment (ACH-debit).

****Under penalty of perjury I, _____ hereby authorize the Santa Rosa County Tax Collector's Office to charge \$_____ on my below payment type:***

Name on check: _____

Address: _____

Bank Routing number: _____

Type of Account: _____ Checking _____ Savings

Bank Account Number: _____ Bank Name: _____

Email address for electronic receipt (optional) _____

Signature: _____

Phone: _____

Credit/Debit

Please complete the information in the box below to authorize a credit/debit card transaction. Please note there will be a 2.75% convenience fee.

Card Holder Name: _____

Card Holder address: _____

Card Number: _____

Expiration Date: _____ CVV _____

Email address for electronic receipt (optional): _____

Signature: _____

