



City of Hemet  
Finance Department - Utility Billing  
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Email: [CS@hemetca.gov](mailto:CS@hemetca.gov)

## CREDIT CARD AUTHORIZATION FORM

**\*\*FAX ONLY\*\***

*Information provided will be used only for this transaction and will not be kept for future payments*

Today's Date: \_\_\_\_\_

Check One:  VISA  MASTERCARD

Cardholder Name (Copy Exactly): \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVS Code \_\_\_\_\_

Credit Card Statement Address: \_\_\_\_\_

Call back phone#: \_\_\_\_\_

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

Amount Authorized: \_\_\_\_\_

This payment is for: \_\_\_\_\_

***By signing below, I certify that I am either the cardholder or an authorized signer on the above account.  
I hereby request and authorize the City of Hemet to charge the indicated amount to this credit card.***

Authorized Signature (sign): \_\_\_\_\_

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

For payments NOT for utility bills, remittance is also accepted through the following methods:

- In-person at City Hall
- Postal/Delivery Service