

Credit Card Authorization:

Card Holder Name:	Visa:	Master Card:	Discover:
Account Number:	Exp Date:	3 Digit Security Number:	Billing Zip Code:
Amount Authorized:	Phone Number:		
Signature:	Date:		
Mail to: City of Bismarck Administration Department 221 N 5th St Bismarck, ND 58501		Email to: Whitnie Olsen - wolsen@bismarcknd.gov	
Note: Payment information is used for a one time payment only. After payment has been completed the information provided will not be kept on file and will be disposed of.			