

## **Parke County Auditor**



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## **One Time Credit/Debit Card Payment Authorization Form**

Please complete and sign this form to authorize the Parke County Auditor to make a one-time debit to your credit, debit, checking, or bank card listed below.

By signing this form, you give us permission to debit your account for 2025 Parke County, Indiana Transient Merchants License(TML) fees. This authorizes a single transaction and does not provide authorization for any additional, subsequent, or unrelated debits from your account. Please note that this transaction will show on your Card Statement as "Indiana Local Government HSA"

Please o	complete the infor	mation below	<b>/</b> :		
_	holder's first and last name	2)	the <u>Parke County Au</u>		or, or Designee
to charge	my account in an amou	nt not to exceed s	\$130.00 per TML issued in	า 2025.	
This pay	ment is for(number of		County Transient Mer	chants License(s)	and authorizes
total cha	rges of \$(total to b	be charged)	debited from my acc	ount.	
Billing Address			Phone		
City, State, Zip			Email		
SIGNATURE				DATE	
above. This use only. I co	payment authorization is for	the goods/services of this credit ca	e credit card indicated in this a described above, for the amou ard and that I will not dispute th orm.	ınt indicated above only, a	nd is valid for one time
		-	Office will destroy	_	
	Account Type	☐ Visa	☐ MasterCard	Discover	
	Cardholder Name Billing Address City, State, ZIP Card Number				
	Expiration Date		3 Digit Security	Code	

A maximum processing fee of 3% or minimum of \$1.00 will be assessed per credit/debit card transaction.