

**City of San Bruno – Utility Billing Division  
Credit Card Pre-Authorized Payment Form**



I authorize the City of San Bruno to keep my signature on file and to charge my MasterCard or Visa account as indicated below:

One-time charge – specified amount: \_\_\_\_\_

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**Customer Name**

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**Service Address**

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**Utility Account #:** \_\_\_\_\_  
*(If new account, please leave blank)*

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**Cardholder Name**

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**Cardholder Billing Address**

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**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

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**Credit Card Account #** \_\_\_\_\_ **Expiration Date (month/year)** \_\_\_\_\_

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**Cardholder Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Cardholder daytime phone number** \_\_\_\_\_

**Please return completed and signed authorization form to:**  
By fax: (650) 876-0256

**Or by mail:**  
San Bruno Utility Billing Division  
570 Linden Avenue  
San Bruno, CA 94066  
Phone: (650) 616-7086