

DAWSON COUNTY PLANNING & DEVELOPMENT

25 Justice Way, Suite 2322

Dawsonville, Ga. 30534

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BANK CARD TRANSACTION FORM

**This form must be completed and submitted to Planning and Development.
Transactions cannot be processed unless ALL information is submitted.**

Type of Card: Visa Mastercard American Express Discover

Payment Amount: _____ (processing fee will be added to final total)

Card Number: _____ Expiration Date: _____

**Name on Card: _____ Security Id#: _____
(3-digit # on back of card)**

Billing Address: _____ Billing Zip Code: _____

Contact Person: _____ Telephone #: _____

Payment For: _____

Signature of Card Holder: _____

Total Payment: _____

Processed By: _____ Date: _____