



Parke County Auditor
 116 W. High Street, Room 104 • Rockville, IN 47872
 Phone 765-569-3422 • Fax 765-569-4037
 tmlinfo@parkecounty.in.gov



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 2024 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 complete the information below:

I, _____, authorize the **Parke County Auditor, Deputy Auditor, or Designee**
(cardholder's first and last name)

to charge my account in an amount not to exceed \$180.25 per TML issued in 2024.

This payment is for _____ Parke County Transient Merchants License(s) and authorizes
(number of TML)

total charges of \$ _____ be debited from my account.
(total to be charged)

Billing Address _____

Phone _____

City, State, Zip _____

Email _____

SIGNATURE _____

DATE _____

I authorize the above-named government entity to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

NOTICE - The Parke County Auditor's Office will destroy the bottom half of this form and will not retain the data contained within after processing this transaction.

Account Type	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> 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.

**CREDIT CARD PROCESSING MERCHANT
 Tyler Technologies / (703) 272-2904**