Credit Card Payment Form

To pay by credit card please complete to following:

Payment amount authorized: $_____

Please circle one of the following:
MasterCard Visa Discover

Card #: /____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/

Expiration Date: ____/___ 3-digit code_____
MM/YY (on back of card)

Signature: _____ Printed Cardholder Name: _____

Please remit application along with payment to:

CITY OF COVINGTON Phone: 859-292-2183
638 MADISON AVE. Fax: 859-292-2131
COVINGTON, KY 41011