



**The City of New York
BUSINESS INTEGRITY COMMISSION**
100 Church Street · 20th Floor
New York · New York 10007
Tel. (212) 676-6219 · Fax (212) 676-6204

DIRECT PAYMENT AUTHORIZATION FORM

Date of Transaction: _____

Company Name: _____ Lic. File # : _____ TW Violations # : _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: () _____

CREDIT CARD PAYMENT

Name of Card Holder: _____

Credit Card Type:

Visa Master Card American Express Discover

Credit Card Account #: _____
(15 to 16 digits)

Credit Card Expiration Date: _____

Security Code: _____
(3 to 4 digits)

Amount to be Charged: _____

Authorization #: _____

I agree to pay the above total amount according to card issuer payment authorization

Signature of Card Holder

Date:

BIC OFFICE USE ONLY

BIC Employee Name: _____

Date: _____