

JANET T. MILLS
GOVERNOR



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STATE OF MAINE
MAINE OFFICE OF COMMUNITY AFFAIRS
127 STATE HOUSE STATION
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AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application.

Payment through credit cards will not be processed without this authorization form.

Name of Applicant:		
Mailing Address:		
City:	State:	Zip Code:
County:		Telephone:
Name of cardholder: (if other than applicant)		
Mailing Address: (if other than applicant)		
City:	State:	Zip Code:

I authorize the State of Maine, Department of Maine Office of Community Affairs

☐ Visa ☐ MasterCard _____

Expiration date: ____ / ____

Amount of \$ _____

☐ I understand that fees are non-refundable

Signature: _____

Date: ____ / ____ / ____

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