



L. BROOKS PATTERSON, OAKLAND COUNTY EXECUTIVE

DEPARTMENT OF CENTRAL SERVICES
J. David VanderVeen, Director

OAKLAND COUNTY INTERNATIONAL AIRPORT
Karl W. Randall, Manager of Aviation

CREDIT CARD CUSTOMERS:

RE: Automatic Credit Card Payment

In an effort to better serve you, we can now offer, upon your authorization, automatic monthly payment through VISA, MASTERCARD or DISCOVER. Payments will be processed on the first business day of the month for the current month. **In order to begin the automatic credit card program, your account must be current.**

If you would like to take advantage of this program, please complete the attached agreement, signed and notarized, and mail to me at 6500 Highland Road, Waterford, MI 48327 or fax to 248/666-3341. The form must be completed in its entirety or it will be returned and your request declined.

For your convenience, we have three notaries in our office. If you require notary service, please call in advance of your visit. **In lieu of a notarized signature, you may submit a copy of your driver's license.**

If you have any further questions, please do not hesitate to call.

Sincerely,

A handwritten signature in black ink, appearing to read "Michelle Stover", written over a large, stylized loop.

Michelle Stover
Airport Administration

**OAKLAND COUNTY INTERNATIONAL AIRPORT
CREDIT CARD CHARGE AUTHORIZATION**

I, _____, hereby authorize the staff of Oakland County International Airport to charge my credit card every month beginning on _____ and to apply the payment to my airport account until further notice.

I further agree to notify Oakland County International Airport of any changes in my credit card information that I have provided.

I understand that cancellation of this authorization by me must be *in writing* at least 30 days prior to the termination date.

Please PRINT all requested information

My credit card information is as follows:

NAME ON CARD: _____

CREDIT CARD NO.: _____

EXPIRATION DATE: _____

VERIFICATION CODE (3 digit code on the back of the card): _____

BILLING ADDRESS ZIP CODE: _____

CARD TYPE: Visa MasterCard Discover (circle one)

Airport Account Information:

ACCOUNT NAME: _____

CUSTOMER ID NO.: _____

PAYMENT AMOUNT: \$ _____

AIRPORT: Oakland County International Oakland/Southwest Oakland/Troy

CONTACT NAME: _____

DAYTIME PHONE: () _____

E-MAIL ADDRESS: _____

TENANT SIGNATURE

Acknowledged before me this _____ day of _____, 20__.

Notary Public

County, MI

My commission expires: _____