



Dear taxpayer:

To enjoy the benefits offered by Direct Debit/Credit Card, complete the authorization located at the bottom and send it along with your Business Volume Declaration via email or by postal mail to: Autonomous Municipality of Caguas, Finance Department, PO Box 907, Caguas PR 00726.

**AUTHORIZATION FOR DIRECT DEBIT OR CREDIT CARD**

Business Name: \_\_\_\_\_ Municipal License No. \_\_\_\_\_

Last four digits of SS Individual or Employer: \_\_\_\_\_ Payment Amount \_\_\_\_\_

This form is for setting up a direct debit and NOT for banking reference purposes. I authorize the AUTONOMOUS MUNICIPALITY OF CAGUAS to initiate a debit entry to my (or our) credit card with the mentioned financial institution for the total or partial payment for the **MUNICIPAL LICENSE**. If the charges are not processed successfully, the Municipality will contact you to choose an alternative payment method and date. I understand that failure to meet the new established deadline, will result in applicable late fees and interest charges.

**BANK ACCOUNT INFORMATION**

Banking Institution \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Type:  Checking  Saving \_\_\_\_\_ Routing Number: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**CREDIT CARD INFORMATION**

Credit Card  Mastercard  Visa  AMEX  Discover Security Pin: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_ Signature: \_\_\_\_\_

This authorization will remain in effect until the Municipality processes the first or only payment of the Municipal License or until the Municipality receives written notification from me indicating that I am revoking it.

Taxpayer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

