



CITY OF SOUTH EL MONTE

1415 N. SANTA ANITA AVENUE
SOUTH EL MONTE, CALIFORNIA 91733
(626) 579-6540 FAX (626) 579-2107



I, _____, request that my fees of \$_____ to be charged directly to my credit card. My signature below represents my permission to the Finance Department to process my current payment using the credit card information below.

(Print Name)

(Signature)

(Date)

CREDIT CARD INFO:

Check one:

_____ VISA

_____ MASTERCARD

_____ DISCOVER

(Credit Card Number)

(Expiration Date)

(CVV Code - 3 digits on back)

Please submit form and application fees to Christina Navarro via email at cnavarro@soelmonte.org.