ELECTIONS DIVISION

Campaign Finance Late Fee Credit Card Payment Form

PRINT LEGIBLY

Name: _____

Address: _____ City, State Zip: _____

Email: _____Day Phone Number: _____

I authorize the Kalamazoo County Clerk to charge my credit card $ _____.00.

Payment Information

ALL SALES FINAL. NO REFUNDS

Payment type: ☐ VISA ☐ MasterCard ☐ DISCOVER ☐ AMERICAN EXPRESS

Name on the card:_____

Card Number: _____

Expiration Date: _____Security Code: _____Billing Zip Code:_____

Signature:_____

*With your signature, you are authorizing any applicable card service fee and agreeing to abide by your cardholder agreement

This form may be mailed to:
Kalamazoo County Elections Division
201 W. Kalamazoo Ave.
Kalamazoo, MI 49007

For assistance please call: 269-384-8080

EMAIL THIS FORM TO: elections@kalcounty.gov OR **FAX** THIS FORM TO: 269-384-8143