

Millard County  
50 South Main Street  
Fillmore, Utah 84631-5504  
435.743.5227  
Fax 435.743.8019  
[www.millardcounty.org](http://www.millardcounty.org)

## Reoccurring Monthly Payment on Visa

Name of Cardholder: \_\_\_\_\_

Last 4 Numbers: \_\_\_\_\_

Beginning date of Charge: \_\_\_\_\_

Vendor: \_\_\_\_\_

Monthly Amount: \_\_\_\_\_

Budget account: \_\_\_\_\_

Purpose of charge: \_\_\_\_\_

Terms of this agreement: \_\_\_\_\_

This agreement must be reviewed/renewed annually.

By signing below, I acknowledge that I assume all responsibility in monitoring the amount and the validity of the transaction described above. I will immediately notify the Auditors office of any changes for any reason. Failure to notify Auditor; could result in loss of use of the card.

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Signature of Cardholder