

ALABAMA PLUMBERS AND GAS FITTERS EXAMINING BOARD  
216 AQUARIUS DR., SUITE 319  
HOMEWOOD, AL 35209  
PHONE: 205-945-4857  
FAX: 205-945-9915  
WWW.PGFB.ALABAMA.GOV

**Credit Card Authorization Form**

**CERTIFICATE HOLDER INFORMATION**

Name: \_\_\_\_\_ Social Security #:XXX-XX-\_\_\_\_\_

Home Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**PAYMENT AUTHORIZATION**

I \_\_\_\_\_ authorize the Alabama Plumbers & Gas Fitters Examining Board to process a one-time charge against my credit card account in the amount of \$ \_\_\_\_\_ (plus a 4% processing fee charged by "iGov ePay LLC") for the payment of:

Certification - Classification: \_\_\_\_\_

Exam - Classification: \_\_\_\_\_

Other - Specify: \_\_\_\_\_

**BY MY SIGNATURE BELOW, I UNDERSTAND THERE WILL BE A 4% PROCESSING FEE CHARGED TO MY ACCOUNT THAT WILL APPEAR ON MY STATEMENT AS A SEPARATE CHARGE FROM "iGov ePay LLC".**

**CARDHOLDER INFORMATION**

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

Billing Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**CREDIT CARD INFORMATION**

Credit Card type:  Visa  Mastercard  Discover

Number: \_\_\_\_\_

Expiration Month: \_\_\_\_\_ Expiration Year: \_\_\_\_\_

Cardholder Signature X \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Security Code: \_\_\_\_\_