

PO Box 716 3810 North Highway 281 Mineral Wells, TX 76068 (940)327-0700

www.northruralwsc.com

## **CREDIT/DEBIT CARD AUTHORIZATION FORM**

listed below and do he CORPORATION, throug service fees and any o to be debited against t	, am the owner/acreby authorize North Rural Water gh its payment processing institution ther applicable charges, through cruthe card indicated below. Such entage of the customer's payment.	Supply Corporatio on, to implement a edit or debit card	n, hereinafter a payment prod initiated by the	referred to as cedure for water e CORPORATION
Card: (select one)	VISA MASTERCARD	DISCOVER		
Name on Card:				
Card Number:		Expira	ation Date:	_/
Billing Address:				
CVV Code:	Number Street Apt/Ste No. City State Zip  de: (3 numbers on back of card inside signature panel)			
Water Service Accou	unt: Account No			
Name on Account:				
Contact Information	: Cell:	Email:		
Check here if	you would like to receive an email	following each dra	ifted payment	
BY CREDIT/DEBIT CARD".	ve your water bill each month. A message Once this message appears on your state he 15 <sup>th</sup> falls on a weekend or holiday it wil	ment, your water bill v	will be drafted on	_
Authorization:				
Name: (please print)		Date:		
Signature:				
	ation is to remain in full force and effect u se may be sent by mail, email or fax and m			
				Office Use Only
				Account No Entered by:
				Received: / / First draft / /