

# RECCURRING CREDIT/DEBIT CARD AUTHORIZATION FORM

Please fill out the authorization below. You will continue to receive a water bill each month. Your account will be charged on or around the 25<sup>th</sup> of each month.

*Please select one payment method*

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on Acct	_____
Bank Name	_____
Account Number	_____
Bank Routing #	_____
Bank City/State	_____

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
Cardholder Name	_____
Card Number	_____
Exp. Date	_____
CVV (3- or 4-digit number on back of card)	_____
*A 3% processing fee will be applied for all payments made by card.	

Water Account Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize Coryell City Water Supply District to initiate variable monthly debit entries to my bank account or debit/credit card. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Coryell City Water Supply in writing of any changes in my account information or termination of this authorization as soon as possible. I understand any changes may not take effect until the next billing cycle. If the above noted payment date fall on a weekend or holiday, I understand that the payments may be executed on the next business day. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that I will be charged a Non-Sufficient Funds fee of \$30 in addition to the returned amount. I understand that I will be charged this fee each time a transaction is returned. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.