

CREDIT/DEBIT CARD AUTHORIZATION FORM

Name _____

Address _____

City _____ State _____ Zip _____

Account Number _____

Phone Number _____

CUSTOMER AUTHORIZATION

I authorize Cass Rural Water and the credit/debit card company listed below to initiate a credit card transaction to pay my monthly water bill.

Card Number _____ - _____ - _____ - _____

Expiration Date Month _____ /Year _____

CSV Code _____

Signature _____

Date _____