



LOCATION NO. _____

P. O. Box 909
3388 FM 982
Princeton, Texas 75407
(972) 736-2592

Culleoka Water Supply Corp

RECURRING CREDIT CARD AUTHORIZATION

I authorize Culleoka Water Supply Corporation (CWSC) to deduct my utility payments from this account via Recurring Credit Card Payment transactions. I understand sending a written notification to CWSC will revoke this authorization.

CUSTOMER INFORMATION

NAME: _____

CUSTOMER ACCT #: _____ PHONE #: _____

E-MAIL ADDRESS: _____

CREDIT CARD INFORMATION

CREDIT CARD #: _____

EXPIRATION: _____ CVV: _____

NAME ON ACCOUNT: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

I certify that the information above is correct. I am an authorized signer or designate of the account provided for credit card transactions, and that I am authorized to provide this information.

This authorization is to remain in effect until CWSC has received my written notification of termination. CWSC reserves the right to cancel recurring credit card payments due to insufficient funds without notice.

Please indicate your desire for \$1.00 to be added to your monthly account as a donation to CWSC
Emergency Relief Fund. _____ Yes _____ No

_____ I understand that CWSC uses a third-party processing company for all card type payments and a processing fee of: \$65 and below is \$2.05, \$65.01 and above is 3%

AUTHORIZATION: _____

Print Authorized Name

Authorized Signature_____
Date