

## Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

<b>Credit Card Information</b>
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX  <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Card Number: _____ <span style="float: right;"><b>CCV/CVV2 Code:</b> _____</span>
Expiration Date (mm/yy): _____
Cardholder ZIP Code (from credit card billing address): _____
Amount authorized to charge: _____
Phone Number (in case of questions or problems): _____
Would you like a receipt emailed to you?: Yes__ No__ If yes, email address: _____

I, \_\_\_\_\_, authorize Clarks Branch Water Association to charge my credit card above for agreed upon purchases. I understand that a four percent (4%) convenience fee will be added to the above approved charge amount.

\_\_\_\_\_

Customer Signature

\_\_\_\_\_

Date

**Payments will be charged between the 10th and 15th of the month!**