

**CONSOLIDATED PUBLIC WATER SUPPLY DISTRICT NO. 2
OF LAFAYETTE, JOHNSON AND SALINE COUNTIES**

Recurring Credit Card Payments Sign-Up Form

CUSTOMER INFORMATION:

- Name: _____
- Water Bill Account No: _____
- E-mail Address: _____
- Phone No: _____

CREDIT CARD INFORMATION

Credit Card Number: _____

Expiration Date: _____ CCV _____

Name on Account: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

I certify that the information above is correct, that I am an authorized signer or designate of the account provided for credit card transactions, and that I am authorized to provide this information. You will have until the 14th day of the month to review your statement and call us with any questions or to update/change your card information. Once you're enrolled, it is your responsibility to notify the District if there are any changes to your account. If the transaction is rejected during the monthly processing of any transaction, you understand a \$25.00 return fee will be applied to your account. The district as a courtesy, will attempt to notify you of the declined payment by mail or email. Failure to receive the notification does not negate any fees. Payments declined will be given 10 days to bring the account current via cash, debit, or credit card payment. If payment is not received, service will be discontinued and a \$100.00 shut-off fee shall be paid and the account brought to a zero balance before service is restored.

I authorize C-PWSD #2 Lafayette to deduct my utility payments from this account via Recurring Credit Card Payment transactions. I understand sending a written notification to C-PWSD #2 Lafayette will revoke this authorization.

C-PWSD #2 Lafayette reserves the right to cancel Recurring Credit Card Payments due to insufficient funds without notice.

Print Authorized Name _____

Authorized Signature _____ **Date** _____

(YOUR APPLICATION CAN NOT BE PROCESSED WITHOUT YOUR SIGNATURE)