

South Kirbyville Rural WSC  
P O Box 189  
Call, Texas 75933  
409-423-5474  
409-423-5114 (Fax)  
SKRWSC is an equal opportunity provider, and employer

AUTHORIZATION FORM  
FOR  
CREDIT CARD PAYMENT

Please complete the information below:

I \_\_\_\_\_ authorize South Kirbyville Rural WSC to charge my credit card indicated below monthly on the \_\_\_\_\_ of each month for payment of my water bill.

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Account # \_\_\_\_\_

Account Type:  Visa  MasterCard  AMEX  Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; provided the transactions correspond to the terms indicated in this authorization form.