

NORTHEAST PUBLIC SEWER DISTRICT
1041 Gravois Road
Fenton, Missouri 63026
(636) 343-5090 FAX (636) 343-7904

AUTHORIZATION AGREEMENT FOR AUTOMATIC CREDIT CARD WITHDRAW

I (we) hereby authorize Northeast Public Sewer District, hereinafter called DISTRICT, to initiate debit entries owed to the District and to initiate, if necessary, credit entries and adjustments for any debit entries in error, to my/our credit card account indicated below. Fraudulent users will be prosecuted to the fullest extent of the law.

CREDIT CARD NUMBER _____

EXPIRATION _____ CVV* CODE _____

CARDHOLDER NAME _____

CO-CARDHOLDER NAME _____

CARDHOLDER ADDRESS _____

STATE _____ ZIP _____ PHONE _____

This authority is to remain in full force and effect until DISTRICT has received written notification from me (or either of us) of its termination in such time and in such manner as to afford DISTRICT a reasonable opportunity to act on it.

CUSTOMER NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SIGNED x _____ DATE _____

NORTHEAST PUBLIC SEWER BILLING ACCOUNT # _____

Upon notice of the second automatic credit card withdraw that is determined to be "*insufficient funds*" you will forfeit your right to this payment option.

*Three digit security code on the back of the card, to the right on the signature line.