

City of Goose Creek
CREDIT/DEBIT CARD AUTHORIZATION

CUSTOMER INFORMATION

(PLEASE PRINT)

Name - as listed on water bill: _____
Service Address: _____
Water Bill Account Number: _____
Home Phone: _____ Work Phone: _____
Mobile Phone: _____
Email: _____

I hereby authorize the City of Goose Creek to initiate a credit card transaction on the:

5th of each month OR **15th of each month**

If this date occurs on a weekend or City holiday, the transaction will occur the following business day.

A letter will be mailed to your current mailing address, confirming the credit card transaction will take effect the following month.

I also authorize the credit/debit card institution named below to credit and/or debit the same to such account. I duly certify that I am an authorized signer of said account and have the right to enter into this agreement.

CREDIT/DEBIT CARD INFORMATION

(PLEASE PRINT)

Type of Credit/Debit Card: MasterCard VISA AMEX

Expiration Date: _____

Card Holder's Name: _____

Credit Card Billing Address: _____

This authority is to remain in full force until the City of Goose Creek has received written notification from me of its termination, or I have received written notification from the City of Goose Creek that the plan has been terminated. It is further provided that written notification of termination will be provided in such time and manner as to afford either party a reasonable opportunity to act on it.

Signature

Date

Entire Credit Card Number: _____

This credit card number will be destroyed after data entry has been completed.