

**Hardin Water Supply
Authorization to Bill Credit/Debit Card**

DATE: _____ ACCOUNT # _____

NAME ON ACCOUNT: _____

CARD TYPE: (CHECK ONE) _____ DEBIT _____ CREDIT

VENDOR: (CHECK ONE) _____ VISA _____ MASTER CARD _____ DISCOVER

NAME AS IT APPEARS ON CARD: _____

BILLING ADDRESS: _____

CARD #: _____

EXPIRATION DATE: _____ SECURITY CODE: _____

APPROVAL CODE: _____ PHONE#: _____

BILL AMOUNT: _____ CONVENIENCE FEE: _____ TOTAL: _____

SIGNATURE: _____

This section is for those requesting

Recurring Billing:

I authorize Hardin Water Supply to debit/credit my account each month for the amount of the current water billing. The payment will be taken from the above card # on or about the 10th of each month. I will advise HWS of any changes that must be made to these instructions prior to the date above.

Dated: _____ Authorized By: _____