



**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED
WITHDRAWALS (CREDIT CARD)**

I hereby authorize The Washington Township Municipal Authority to initiate debit entries to my credit card indicated below and, if necessary, credit entries or adjustments for any debit error. The amount debited will be equal to the current balance of my water and/or sewer account as of the 15th of each quarterly billing month (November, February, May, and August).

Account Number: _____

Customer Name _____

Service Address _____

City _____ State _____ Zip _____

Email: _____

Phone: _____

CHECK ONE: Visa Master Card Discover

Credit Card # _____

Exp. Date: _____

Security Code: _____

(See Picture)>>>>>>>>>>>>

_____ ID Verified
Initial



Billing Address: (IF DIFFERENT FROM ABOVE)

City _____ State _____ Zip _____

I acknowledge that credit card transactions to my account must comply with the provisions of U.S. Law. This authority is to remain in full force and effect until written notice of my intention to terminate this agreement (30 days notice is required) has been provided.

Customer-please print

Date

Customer- signature