CONSOLIDATED PUBLIC WATER SUPPLY DISTRICT NO. 2 OF LAFAYETTE, JOHNSON AND SALINE COUNTIES

Recurring Credit Card Payments Sign-Up Form

CUSTOMER INFORMATION:

• Name:	_
Water Bill Account No(s):	
• E-mail Address:	-
Phone No:	_
DIT CARD INFORMATION	
Credit Card Number:	
Expiration Date:CCV	
Name on Account:	_
Billing Address:	_
City:State:Zip:	_
I certify that the information above is correct, that I am an authorize account provided for credit card transactions, and that I am author information. You will have until the 14th day of the month to review with any questions or to update/change your card information. One responsibility to notify the District if there are any changes to your transaction is rejected during the monthly processing of any transaction is rejected during the monthly processing of any transaction you of the declined payment by mail or email. Failure to recongate any fees. Payments declined will be given 10 days to bring cash, debit, or credit card payment. If payment is not received, se and a \$100.00 shut-off fee shall be paid and the account brought to service is restored.	ized to provide this y your statement and call ce you're enrolled, it is yo payment information. If the action, you understand a as a courtesy, will attempt eive the notification does the account current via rvice will be discontinued
I authorize C-PWSD #2 Lafayette to deduct my utility payments from Credit Card Payment transactions. I understand sending a written Lafayette will revoke this authorization.	
C-PWSD #2 Lafayette reserves the right to cancel Recurring Cred insufficient funds without notice.	it Card Payments due to
Print Authorized Name	