

Collinsville Water Association
11718 Nancy Drive P.O. BOX 67, Collinsville, MS 39325
Recurring Credit Card Payments Sign-Up Form

Remember: A card use fee will be added.

CUSTOMER INFORMATION

Name: _____

Customer No: _____

E-Mail Address: _____

Phone No: _____

CREDIT 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 authorized signer or designate of the account provided for credit card transactions, and that I am authorized to provide this information.

I authorize Collinsville Water Association to deduct my utility payments from this account via Recurring Credit Card Payment transactions. I understand sending a written notification to Collinsville Water Association will revoke this authorization.

Collinsville Water Association reserves the right to cancel Recurring Credit Card Payments due to insufficient funds without notice.

Print Authorized Name

Authorized Signature

Date