



Account #: _____

Middle Smithfield Township Sewer Department
Authorization Agreement for Credit/Debit Card Payments
Automatic Credit/Debit Card Billing Authorization Form

If you would like to enjoy the convenience of automatic credit card billing, simply complete the Credit Card Information section below, sign the form and mail it back to us. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by providing us with 30 days written notice.

Customer name: _____

Service Address: _____

Phone: _____

E-mail: _____

Credit Card Information: (Check One)

Visa MasterCard Discover American Express Diner's Club

Credit card number: _____ Expires: _____

Credit card number: _____ Expires: _____

Credit card number: _____ Expires: _____

Cardholder's name (as shown on credit card): _____

Billing address associated with the credit/debit card:

Amount to charge MONTHLY: _____

Amount to charge MONTHLY INITIALLY: _____ Date to be charged: _____

Amount to charge QUARTERLY: _____ To be charged on the **DUE** date each quarter

Customer's signature: _____ Date: _____

By signing this form I authorize Middle Smithfield Township Sewer Department to automatically bill the card listed above. Billing will end when I provide written cancellation.