

## Automatic Payment Authorization

Name \_\_\_\_\_ Acct.# \_\_\_\_\_

### FROM CREDIT / DEBIT CARD

I authorize the City of Upper Sandusky Water Office to charge my services  
to the credit / debit card(s) listed below:

**Primary Card Account**

**Secondary Card Account**

\_\_\_\_\_  
Name on credit/debit card (exactly as printed)

\_\_\_\_\_  
Name on credit/debit card (exactly as printed)

\_\_\_\_\_  
Billing Address for credit/debit card (street, apt. #)

\_\_\_\_\_  
Billing Address for credit/debit card (street, apt.#)

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Credit / Debit Card Number      Expiration Date

\_\_\_\_\_  
Credit / Debit Card Number      Expiration Date

\_\_\_\_\_  
CVV

\_\_\_\_\_  
CVV

\_\_\_\_\_  
Signature                                      Today's Date

\_\_\_\_\_  
Signature                                      Today's Date

Please circle the day you choose to have payment processed on your account. In the event the date falls on a Holiday or weekend, we shall process on the next business day.

**05<sup>th</sup>**

**10<sup>th</sup>**

**15<sup>th</sup>**

**20<sup>th</sup>**

It is your responsibility to contact us when an the expiration date changes or an account is closed.  
If funds are not available or transaction fails, the account will be considered delinquent and subject to disconnection.