

FILES VALLEY WATER SUPPLY CORPORATION

115 East Main
P.O. Box 127

Itasca, Texas 76055
Phone: 254-687-2331
Fax: 254-687-2551

Credit Card Draft Authorization Form

Name(s): _____

(As it appears on your bill)

Home Phone: () _____ Business Phone: () _____

Address:

City: _____ State: _____ Zip Code: _____

Files Valley Water Supply Corporation Account Number(s) to be paid by Draft:

Credit Card, please check one: () Mastercard () Visa () American Express () Discover

Name as it appears on your credit card: _____

Credit Card Number:

Expiration Date: _____ CVV Code: _____

I hereby authorize Files Valley Water Supply Corporation to charge my bill to my _____ credit card each month. I understand that my bill will be charged automatically each month to my credit card. This authorization is to remain in effect until revoked by me in writing. Files Valley Water Supply Corporation reserves the right to terminate this payment arrangement or my participation therein.

This form must be signed and returned to Files Valley Water Supply Corporation a minimum of 15 days prior to the next bill date in order for the draft to be effective for the current bill. If it is received less than 15 days prior to the current bill due date, the draft will not be effective until the next month's bill due date.

SIGNATURE: _____ **Date:** _____

Mail to: Files Valley Water Supply Corporation
Attention: Consumer Drafts
P.O. Box 127
Itasca, TX 76055