



# CITY OF CHADRON CREDIT/DEBIT CARD AUTHORIZATION

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## CUSTOMER INFORMATION

(PLEASE PRINT)

Name – as listed on water bill: \_\_\_\_\_  
Service Address: \_\_\_\_\_  
Utility Bill Account Number: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

I hereby authorize the City of Chadron to initiate a credit card transaction on the **10<sup>th</sup> of each month.**

If this date occurs on a weekend of City holiday, the transaction will occur the following business day.

I also authorize the credit/debit card institution named below to credit and/or debit the same to such account. I duly certify that I am an authorized signer of said account and have the right to enter into this agreement.

## CREDIT/DEBIT CARD INFORMATION

(PLEASE PRINT)

Type of Credit/Debit Card: [ ] MasterCard [ ] VISA [ ] Discover

Expiration Date: \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_  
\_\_\_\_\_

This authority is to remain in full force until the City of Chadron has received written notification from me of its termination, or I have received written notification from the City of Chadron that the plan has been terminated. It is further provided that written notification of termination will be provided in such time and manner as to afford either party a reasonable opportunity to act on it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Entire Credit Card Number: \_\_\_\_\_