Cass County PWSD#10

530 S. Peculiar Drive, Peculiar, MO 64078

Recurring Credit Card Payment Authorization

Authorize regular monthly charges to your credit card. You will be charged the balance of your account plus service fees ($2.25 or 3%, whichever is greater) each billing period.

A receipt for each payment will be provided to you and the charge will appear on your credit card statement. You agree that no prior-notification will be provided. You must provide written notification at least 21 days prior to your due date of any changes to your credit card account information.

Please complete all information below:

I _____ authorize **Cass County PWSD #10** to charge my credit card indicated below for my monthly billed water usage on the due date.

Customer Information:

Name _____

Service Address _____ Water Account # _____

Credit Card Billing Information:

Billing Address _____

City _____ State _____ Zip _____

Phone #_____ Email _____

Credit Card Details:

☐ Visa ☐ MasterCard ☐ Discover (check one)

Cardholder's Name _____ Credit Card # _____
(Printed exactly as it appears on Credit Card)

CVV _____ Expiration Date _____ /_____ Zip Code _____

Terms and Conditions: I understand that this authorization will remain in effect until I cancel it online. If the payment due date falls on a weekend or holiday, I understand and agree that the payment may be executed on the next business day. I understand and agree that this is a recurring credit card charge and service fees in the amount of $2.25 or 3% of the total balance (whichever greater) will be applied. In case of a credit card transaction being rejected for Non-Sufficient Funds (NSF), submission error, or other bank related return reasons I understand and agree that, in accordance with the water users agreement, a 10% late charge will be assessed if the amount due is not received in good and collected funds by the due date. I understand that Cass County PWSD #10 may at its discretion attempt to process the charge again within 30 days. I also understand and agree that a return item charge ($30) may be assessed for each returned payment. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form. I acknowledge that the origination of credit card transactions to my account must comply with the provisions of U.S. law.

SIGNATURE _____ DATE _____
(Authorized Account Holder's Signature)