

A Public Agency



12800 Ridge Road, Sutter Creek, CA 95895-9830

www.amadorwa.com

OFF CE (209) 223-3018

FAX (209) 257-5281

AWA Account Number

Current Base Rate

Monthly or Bi-Monthly

Account Name

Service Address

I hereby authorize Amador Water Agency to automatically charge the amount of my water/wastewater bill to my credit/debit card each billing cycle. I understand that I may stop automatic charges to my credit/debit card by notifying Amador Water Agency in writing. I further understand that if two charges are denied by the card provider within a twelve-month period, my participation in this service may be automatically cancelled.

By authorizing Amador Water Agency to automatically charge the amount of my water/wastewater bill to my credit/debit card, I acknowledge that payment of my service bill remains my responsibility. I agree and understand that Amador Water Agency cannot be responsible for any failures of my card provider to charge my credit card or debit my bank account, failure of mine to remain within my credit limit or maintain sufficient funds in the paying account, or for any failures of charge or debit transactions due to problems arising from any problems in the transaction process.

It is Amador Water Agency's policy to protect the integrity of its customers' financial information and records at all times. By completing the information and signing below I am authorizing the Amador Water Agency to automatically charge my credit/debit card each billing cycle, however, I agree and understand that Amador Water Agency does not control the complete transaction process and, therefore, cannot fully guarantee the security of my financial information.

AMADOR WATER AGENCY ACCEPTS VISA, MASTERCARD AND DISCOVER CARDS

Please complete ALL information below.



This authorization shall be valid as long as the above rate is in effect or until expiration of my credit card, whichever comes first, or until cancelled by me in writing.

Card Account Number

Cardholder Name (Please print)

Expiration Date

CVV2 (Security) Code

Cardholder Signature

Card Billing Address (including zip code) if different from service address listed above

Daytime Phone #

Date

Authorization will take effect upon return of this form to AWA. You will receive your bill as normal for information purposes

Customer Service Rep.

Date