

CREDIT CARD AUTHORIZATION FORM

(Please Print Legibly)

CARD HOLDER INFORMATION

Name on Card:

Company Name:
(If applicable)

Billing Address:

City: State: Zip:

Telephone: E-mail Address:

PAYMENT AUTHORIZATION

Card Type

Account Number:

Expiration Date:

Card Identification Number:



Please reference the picture to the right for the location of this number on the back of your card.

*VISA, MasterCard and Discover: 3 digits on back of card.
American Express: 4 digits on front of card.*

Deposit Policy:

\$ 1.25 Processing fee charged for all credit card purchases

I wish to authorize the purchase of services from the Clayton County Water Authority using this Credit Card Authorization form. I agree that I will pay for the requested services plus the processing fee and indemnify and hold the Clayton County Water Authority harmless against any liability pursuant to this authorization. I understand that my written signature or electronic signature on this form will serve as the authorized signature for the credit card transaction.

Directions:

Please fill in all required information above, submit this form to the Clayton County Water Authority via email ccwa_customerservice@ccwa.us or fax at (770) 960-5894.

CONFIDENTIAL

Name Signature Date