

# Quartz Hill Water District

## Recurring Payment Authorization

Account Number \_\_\_\_\_

Customer Name \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

### **Credit Card Option: *MasterCard, Visa or Discover ONLY***

Credit Card Number \_\_\_\_\_ 3 DIGIT # \_\_\_\_\_

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

Name on Account \_\_\_\_\_

Billing Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

### **Bank Account Withdrawal Option: (ACH Bank Draft)**

Bank Name \_\_\_\_\_

Bank Routing# \_\_\_\_\_

Account # \_\_\_\_\_

Name on Account \_\_\_\_\_

I certify that the information above is correct and I am an authorized signer or designate of the account provided for either ACH or credit card transactions. I authorize QHWD to process my utility payment from the account specified above. QHWD reserves the right to cancel this agreement due to insufficient funds and or declined transaction(s).

\_\_\_\_\_

Signature