

Fall River Valley CSD
24850 3rd Street, PO BOX 427, Fall River Mills, CA 96028

Recurring Credit Card Payments Sign-Up Form

CUSTOMER INFORMATION

Name: _____

Customer No: _____

E-Mail Address: _____

Phone No: home: _____ | cell: _____

CREDIT CARD INFORMATION

Credit Card Number: _____

Expiration Date: _____ **CCV Code:** _____

Name on Account: _____

Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

I certify that the information above is correct, that I am an authorized signer or designate of the account provided for credit card transactions, and that I am authorized to provide this information.

I authorize Fall River Valley CSD to deduct my utility payments from this account via Recurring Credit Card Payment transactions on or after the **15th of each month**. I understand sending a written notification to Fall River Valley CSD will revoke this authorization.

Fall River Valley CSD reserves the right to cancel Recurring Credit Card Payments due to insufficient funds without notice.

Print Authorized Name

Authorized Signature

Date