



1003 Armory Place
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Credit Card

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED MEADE COUNTY WATER DISTRICT PAYMENTS

AUTHORIZATION: By signing below, I authorize the Meade County Water District to draft my Master Card, Visa or Discover credit card for payment for services from the Meade County Water District for the customer account shown below. The Water District will impose a fee in the event a draft is not paid by the credit card company on the due date, the account has been closed or if the transaction is rejected in any way. I understand that I am still responsible for my bill each month. Upon written request of either party, this authorization may be terminated up to fifteen *work* days before the due date. Please allow four weeks for your application to be processed. Please continue to pay your bill as normal until the Water District notifies you that your Credit Card Draft is in effect.

Date: _____

Account Holder's Name: _____
(Print)

MCWD Account Number: _____

Account Holder's Signature: _____

Water Service Address: _____

Telephone Number: _____

Please deduct my payment from my (Check One):

Discover ___ Master Card ___ Visa ___

Credit Card Account Number:

Exp. Date ____ / ____

3-Digit Security Code _____