



HARRIS COUNTY W.C.I.D. NO. 50
 1122 CEDAR LANE
 EL LAGO, TEXAS 77586-6004
 (281) 326-5573 OFFICE
 (281) 326-7005 FAX
customer.service@wcid50.com

FOR OFFICE USE ONLY:

RECEIVED: _____ (DATE IN OFFICE)
 Employee Initials _____
 Entered into System: _____ Date
 Employee Initials: _____

AUTHORIZATION AGREEMENT MONTHLY CREDIT CARD PAYMENT

WCID #50 ACCOUNT INFORMATION:

Name on Water Account: _____ Water Account Number: _____
 Service Address: _____ Daytime Telephone Number: _____
 Email Address _____

CREDIT/DEBIT CARD INFORMATION: CARD TYPE: V__ MC__ D__
 (V=VISA, MC=MASTERCARD, D=DISCOVER,)

NAME AS IT APPEARS ON CARD (PLEASE PRINT): _____

BILLING ADDRESS OF CARD: _____

CREDIT/DEBIT CARD NUMBER _____

EXPIRATION DATE: _____

3 or 4 Digit CVV Code (Security Code) _____ **(MANDATORY)**

Signature Section: I hereby authorize Harris County W.C.I.D. No. 50 to charge my debit/credit card indicated above for the payment of my monthly water bill. I further understand that a 5% convenience fee will be applied to every credit card transaction. I understand the monthly charge will be made on the 12th of each month for the balance amount as shown on such bill. I further understand that if my payment is dishonored there will be a \$25.00 Return Payment Fee added to the amount due. This authority shall remain in effect until I cancel this authorization in writing.

Cardholder Signature: _____ Date: _____

Driver's License # _____

To ensure the highest level of security regarding your credit/debit card information, our preferred method of receiving this form is to deliver it in person to our office or place it in our night drop. However, if you do utilize the night drop, you are responsible for contacting our office to ensure receipt of your information.