

Orange-Alamance Water System, Inc.

POST OFFICE BOX 187 MEBANE, NORTH CAROLINA 27302 TELEPHONE: (919) 563-6212

AUTHORIZATION AGREEMENT FOR CREDIT AND DEBIT CARDS

I (we) hereby authorize ORANGE-ALAMANCE WATER SYSTEM, INC., hereinafter called Company, to initiate payments by use of my (our) credit or debit card for payment of debits.

Name on Card

Card Number Expiration Date

Type of Card: Visa Master Card

Credit or debit card payments will be done on the 15th of the month, unless on a weekend, then they will be done on the Friday prior to the 15th. A copy of the receipts of the credit/debit card payment will be mailed each month if requested.

\_\_\_\_ Yes, I would like a copy

\_\_\_\_ No, I would not like a copy

This authority is to remain in full force and effect until the Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Company a reasonable opportunity to act on it. It will be your responsibility to notify us about any change in the expiration date.

Name (printed) Spouse’s Name

Signature Date Signature Date

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

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

\*\*Please provide us with a number where you may be reached: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_