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 V-Code

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 processed on the Friday prior to the 15th.

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: _____