

Sunnyslope County Water District

3570 Airline Highway, Hollister, CA 95023-9702

☎ Telephone: (831) 637-4670 Fax: (831) 637-1399 Email: billing@sscwd.org

RECURRING CREDIT CARD PAY AUTHORIZATION

When you enroll in Recurring Credit Card Pay, we will automatically charge your credit card for the total amount of your District utility bill on the date you specify below, or the next business day if it falls on a weekend or holiday. You will continue to receive your monthly District utility bill as normal; however, no manual payment will need to be made as the full amount due will be processed on your credit card on the:

_____ 16th of every month, or _____ 17th of every month (please check one date).

To participate in Recurring Credit Card Pay, I agree to and understand all of the following terms and conditions:

- ◆ I must be current on my utility account to be eligible to sign up and remain on this program.
- ◆ My bill will not look any different than normal, and will still reflect the balance due.
- ◆ I must authorize the District to charge my credit card for the total monthly charges for utility service and fees, partial payments will not be allowed.
- ◆ I must ensure that sufficient credit is available on my credit card so that my credit card limit is not exceeded to cover the full amount of my utility bill.
- ◆ If two refused credit card payment attempts occur on my credit card, the District may cancel this agreement at its option.
- ◆ The District must be promptly notified of any change to my credit card and its expiration date. It is my responsibility to provide the District with current credit card information.
- ◆ The District recognizes the need for the privacy and protection of personal information. The District does not release customer's personal information to outside agencies or companies, except as needed in the billing and collection process related to the District's utility services.

AUTHORIZATION

I hereby authorize Sunnyslope County Water District to initiate charges to the credit card indicated below for the purpose of paying my monthly utility bill with Sunnyslope County Water District. This authority is to remain in full force and effect until I revoke it by giving **15 days prior written notice** to Sunnyslope County Water District, it is canceled by Sunnyslope County Water District under the conditions stated above, or I terminate my service with Sunnyslope County Water District. I have also read and agree to the terms and conditions outlined above.

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|----------------------------|---------------------------------|----------------------------|------------------------------------|
| Amount: | \$ (Varies from Month to Month) | Customer Reference: | (SSCWD Acct #) |
| Card Holder's Name: | | Reference Number: | (3-digit V-Code) |
| Credit Card Number: | | E-mail Address: | |
| Expiration Date | _____ month | 20_____ year | Credit Card Street Address: |
| | | | Postal Zip Code: |

| | | |
|------------------------------|--|-------------------|
| Customer Signature | Date | Daytime Phone No. |
| Customer Name (please print) | Additional District Account Numbers (if more than 1) | |

OFFICE USE ONLY:

| | | | |
|----------------------|--------------------------------------|--|------------------------------------|
| Date Received: _____ | Date Billing Screen F Updated: _____ | Date Removed From In-House or Online Auto Pay: _____ | Date Entered First Data G/G: _____ |
|----------------------|--------------------------------------|--|------------------------------------|

(For Office Use Only)

| Date | Updated Credit Card Information | Expire. | V-Code | Initials |
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