INGALLS WATER COMPANY
308 N. Meridian Street | P.O. Box 277 | Ingalls, IN 46048-0277
Phone: (317) 485-4321 | Fax: (317) 485-5293
Email: watercompany@ingalls.in.gov

RECURRING CREDIT CARD PAYMENT SIGN-UP FORM

Customer Information

Name: _____ Account #: _____

Service Address: _____

Phone: (_____) _____ - _____ Email: _____

Credit Card Information

Credit Card #: _____ Exp Date: _____/_____

Name on Card: _____ CCV Code: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Card Type: ☐ **Visa** ☐ **Mastercard** ☐ **Discover** **(We do not accept American Express)**

If you would like to specify a maximum amount permitted to be deducted from your Credit Card, please write that amount here: $_____.

(Note: It is the customer's responsibility to make sure that the account balance is paid in full, in the event that the balance due would be over the maximum amount set above.)

Authorization / Signature

I AUTHORIZE INGALLS WATER COMPANY TO DEDUCT MY WATER PAYMENTS FROM THIS ACCOUNT VIA RECURRING CREDIT CARD PAYMENT TRANSACTIONS ON THE 10TH OF EACH MONTH. If the 10th falls on a weekend or holiday, payment will be deducted on the next business day. I certify that the above information is correct, that I am an authorized signer or designate of the account provided for Credit Card transactions, and that I am authorized to provide this information. And, furthermore, it is my responsibility to notify Ingalls Water Company with any changes on or with my credit card information. I understand sending a written notification to Ingalls Water Company will revoke this authorization. Ingalls Water Company reserves the right to cancel Recurring Credit Card Payments due to insufficient funds or incorrect credit card information WITHOUT notice.

_____ _____ _____

Printed Name Signature Date