City of Independence

CREDIT CARD DRAFT AUTHORIZATION

This AUTHORIZES_____CANCELS_____ the City of Independence Water Department to pay my water bill through automatic credit card draft.

_____ _____
Name of Customer Customer Address

_____ _____
Service Address Water Account Number

Credit Card: Visa _____ MasterCard _____

Card Number _____ Expiration Date* _____

Name as it appears on Credit Card_____

Billing address where your credit card statement is sent:

_____

_____

_____ _____
Signature Date Signed

*It is your responsibility to make sure we have the current expiration date on file.