RURAL BARDWELL WATER SUPPLY CORPORATION

115 East Main
P.O. Box 26

Itasca, Texas 76055
Phone: 254-687-2331
Fax: 254-687-2551

Credit Card Draft Authorization Form

Name(s):			
Name(s):(As it appears on your bill) Home Phone: () Business Phone: ()			
			Zip Code:
Rural Bard	well Water Supply Corpor	ration Account	Number(s) to be paid by Draft:
Credit Card	d, please check one: () N	Mastercard () Visa () American Express
Name as it	appears on your credit can	rd:	
Credit Card	l Number:		
Expiration	Date:		
credit card credit card Bardwell V	each month. I understand . This authorization is t	that my bill wil o remain in eff	rporation to charge my bill to myll be charged automatically each month to m fect until revoked by me in writing. Ruraght to terminate this payment arrangement of
prior to the	next bill date in order for the	e draft to be effec	Water Supply Corporation a minimum of 15 day stive for the current bill. If it is received less that the effective until the next month's bill due date.
SIGNATU	RE:		Date:
Mail to:	Rural Bardwell Water Attention: Consumer		ration

P.O. Box 26 Itasca, TX 76055