

**Files Valley Water Supply Corporation**  
**P. O. Box 127 - 115 East Main**  
**Itasca, Texas 76055**

1-800-338-6425

Fax 254-687-2428

FILES VALLEY WATER SUPPLY CREDIT CARD DRAFT AUTHORIZATION FORM

Name(s): \_\_\_\_\_

(As it appears on your bill) Home Phone: (    ) \_\_\_\_\_

Business Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

FILES VALLEY WSC Account Number(s) to be paid by draft: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Credit Card, please check one: ( ) Mastercard ( ) Visa ( ) American Express Name as it appears on your credit card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

I hereby authorize Files Valley Water Supply Corporation to charge my bill to my \_\_\_\_\_ credit card each month. I understand that my bill will be charged automatically each month to my credit card. This authority is to remain in effect until revoked by me in writing. Files Valley Water Supply Corporation reserves the right to terminate this payment arrangement or my participation therein.

This form must be signed and returned to Files Valley Water Supply Corporation a minimum of 15 days prior to the next bill due date in order for the draft to be effective for the current bill. If it is received less than 15 days prior to the current bill due date, the draft will not be effective until the next month's bill due date.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Mail to: Files Valley Water Supply Corporation Attention: Consumer Drafts P.O. Box 127 Itasca, TX 76055