



**HILCO UNITED SERVICES - H<sub>2</sub>O**  
**CREDIT CARD DRAFT AUTHORIZATION FORM**

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

(As it appears on your bill)

Home Phone: (     ) \_\_\_\_\_ Business Phone: (     ) \_\_\_\_\_

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

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

HILCO U.S. Account Number(s) to be paid by draft: \_\_\_\_\_

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

Credit Card, please check one: ( ) Mastercard ( ) Visa

Name as it appears on your credit card: \_\_\_\_\_

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

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

I hereby authorize HILCO United Services, Inc. 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. HILCO United Services, Inc. reserves the right to terminate this payment arrangement or my participation therein.

This form must be signed and returned to HILCO United Services 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: HILCO United Services, Inc.  
Attention: Consumer Drafts  
P.O. Box 26  
Itasca, TX 76055