

Ingalls Water Company

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Recurring Credit Card Payments Sign-Up Form

CUSTOMER INFORMATION

Account No: _____

Name: _____

Service Address: _____

E-mail Address: _____

Phone No: _____

CREDIT CARD INFORMATION

Credit Card Number: _____

Expiration Date: _____

Name on Account: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

*Maximum Amount allowed to be deducted from credit card account is \$_____.00
(NOTE: It is the customer's responsibility to make sure that account balance is paid in full, in the event that the balance due would be over the Maximum Amount set above.)

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 information above 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 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.

Print Authorized Name

Authorized Signature

Date