

**EMAIL**

Crowley Water Department
Credit Card Payment Authorization

Phone: (817) 297-2201 ext 1010/1020

| | |
|-------------------------------|--|
| To: | From: Crowley Water Dept |
| Fax: | # of Pages: |
| Phone: | Date: |
| Re: Credit Card Authorization | Email: customerservice@ci.crowley.tx.us |

Please fill out and return along with a clear copy of your driver's license for signature verification. It is your responsibility to make sure all forms are received in our office. You can call (817) 297-2201 ext 1010/1020 to verify delivery of your request.

I hereby authorize the City of Crowley (City), to charge my credit card as indicated below:

| | | | |
|------------------|-------------------------|---------------------|----------------------|
| Service address: | City: CROWLEY | State: TX | Zip: 76036 |
|------------------|-------------------------|---------------------|----------------------|

| | | |
|--------------------------|---|------------------------|
| <input type="checkbox"/> | FULL Service: (Deposit \$135.00 + \$15.00 New Account Fee) | Total: \$150.00 |
| <input type="checkbox"/> | 90-Day TEMPORARY Service: (Deposit \$50.00 + \$15.00 New Account Fee) | Total: \$65.00 |
| <input type="checkbox"/> | 30-Day TEMPORARY Service: (\$20.00 + Water usage) | Total: \$20.00 |
| <input type="checkbox"/> | OTHER (Explain): | Total: \$ |

| | | | |
|------------------------------|-------|------------------|--------------------------|
| Name on credit card: | | Mastercard | <input type="checkbox"/> |
| | | Visa | <input type="checkbox"/> |
| Credit card number: | | Expiration date: | CVV Code: |
| Credit card billing address: | City: | State: | Zip: |
| Home Phone: | | Cell Phone: | |
| Authorized Signature: | | | Date: |