

For Office Use Only:	
Processed Date	Approval Number

Sign and complete this form to authorize the Athens Municipal Water Authority to make a one-time debit to the credit card listed below.

Name of Property Owner(s) \_\_\_\_\_ Property Subdivision and Lot Number \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

I, \_\_\_\_\_, authorize the Athens Municipal Water Authority to debit the credit card provided herein, for the amount listed below. I agree that I am responsible for the payment of this in accordance with the issuing bank cardholder agreement. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits to your account.

Name on Card: \_\_\_\_\_

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

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

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Amount to Charge: \$ \_\_\_\_\_

Email Receipt

Card Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_