



Credit Card Authorization Form

Full Name (as it appears on card) _____

Date of Birth _____ Email _____

Last Four Digits of Social Security Number _____

Billing Address (for card) _____

City _____ State _____ Zip _____

Service Location (where service is being provided)

Home _____ Work _____ Cell _____

Account Number (Town) _____

Type of Card VISA MASTERCARD DISCOVER

Credit Card Number _____ - _____ - _____ - _____

Expiration Date _____ Security Code _____

I hereby authorize the Town of Christiansburg to charge the above credit card on an ongoing basis for water, sewer and garbage (if applicable) service at the above service location until revoked by me. I understand that should the card be declined, this authorization shall become null and void and I will be responsible for making appropriate changes and paying my bill by other means. I understand that the bills are due and payable by the 1st day of every month and that the Town will charge my credit card on or after the 15th of each month. Should your card not be charged please contact the Town's utility billing department as soon as possible to ensure timely payment.

Print Name _____ Date ____ / ____ / ____

Signature _____