



CALAVERAS COUNTY WATER DISTRICT

BUSINESS OFFICE
423 East St. Charles Street
Post Office Box 846
San Andreas, CA 95249
(209) 754-3543
Fax (209) 754-0270

CCWD Account Number

Account Name

Service Address

I hereby authorize Calaveras County Water District (CCWD) to automatically charge the amount of my water/wastewater bill to my credit/debit card each billing cycle. I understand that I may stop automatic charges to my credit/debit card by notifying CCWD in writing. I further understand that if two charges are denied by the card provider within a twelve-month period, my participation in this service may be automatically cancelled.

By authorizing CCWD to automatically charge the amount of my water/wastewater bill to my credit/debit card, I acknowledge that payment of my service bill remains my responsibility. I agree and understand that CCWD cannot be responsible for any failures of my card provider to charge my credit card or debit my bank account, failure on my part to remain within my credit limit or to maintain sufficient funds in the paying account, or for any failures of charge or debit transactions due to problems arising from any problems in the transaction process.

I understand that it is CCWD's policy to protect the integrity of its customers' financial information and records at all times. By completing the information and signing below, I am authorizing CCWD to automatically charge my credit/debit card each billing cycle; however, I agree and understand that CCWD does not control the complete transaction process and, therefore, cannot fully guarantee the security of my financial information.

Once your account has been set up for automatic credit/debit card payments, the following message will be printed in the "Amount Due" field of the billing statement payment coupon – "This account is set up with Auto Pay."

CALAVERAS COUNTY WATER DISTRICT accepts MasterCard or Visa only
(your debit card must have the MasterCard or Visa logo on it)

Please complete ALL information below:



This authorization shall be valid until expiration of my credit/debit card or until cancelled by me in writing.

Card Account Number

Cardholder Name (please print)

Expiration Date

CVV2 (Security) Code
(3 digit number on back of credit
card after your account number)

Cardholder Signature

Card Billing Address (including zip code) if different from service address listed above

Daytime Phone Number

Date

Please continue to pay your CCWD bill until you receive confirmation from our Customer Service Department

Customer Service Representative

Date