



VISA/MASTERCARD AUTHORIZATION

Please send your completed form to the address listed below or fax it to our office.

P.O. BOX 336
Gig Harbor, WA 98335
Toll Free: (877) 408-4060
Fax: (253) 857-4001

Customer Account Number: _____

Name: (As it appears on your card): _____

Service Address: _____

Mailing Address: _____

Credit Card Number: _____

Expiration Date: _____

*** Important: (On the back of your card there is a series of numbers by your signature, please give the last 3 numbers):**

Vcode: _____

I authorize Washington Water Service Co. to charge my monthly water bill to my credit card until such a time as I request, in writing, to stop monthly charges. If Washington Water deems my monthly billing to be excessive they will notify me by mail or telephone prior to charging my account for that month.

As an auto pay customer you can sign up to receive your monthly statement via an email account. If you are interested please provide your email address and acknowledge your interest by checking the sign up box below and a confirmation email will be sent when you have been signed up

Email Address: _____

Yes please sign me up to receive my statements electronically each month.

Signed: _____ Date: _____

Printed Name: _____