HARTSTENE POINTE WATER-SEWER DISTRICT

% West Sound Utility District
2924 SE Lund Ave., Port Orchard, WA 98366
360-876-2545 phone 360-876-2587 fax

Credit Card Auto Pay Authorization

NEW ☐ **CHANGE** ☐ **STOP** ☐

HPWSD Account #: _____/ HPWSD Reference # _____

Customer Name: _____

Service Address: _____

Credit Card Billing Address: _____
(MUST MATCH THE ADDRESS ON YOUR CREDIT CARD STATEMENT)

City/State/Zip: _____

Daytime Phone Number: (____)_____ Email Address: _____

Automatic Check/Credit Card Payment Authorization

☐ Yes, please charge my water/sewer bill to my check/credit card below using the payment option I have selected.

Name as shown on Card: _____

☐ Visa ☐ MasterCard Exp. Date:_____

Card Number: _____V- Code _____ (found on the back of card 3 digits)

Card Holder's Signature: _____

☐ MONTHLY, on the 15th day of the month following your last billing, the amount of your total bill owing will be withdrawn from your credit card account.

I authorize HPWSD (Hartstene Pointe Water-Sewer) or the financial institution to automatically withdraw/charge my account for the amount due. My account will be charged as noted, and shall remain in effect, until HPWSD receives a written notification to change or terminate this authorization. Any penalties imposed on my account will not be included with autopay and will be my sole responsibility to make such payments above the authorized auto pay amount.

Print Name: _____ **Date:**_____

Signature: _____

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