



Cape Girardeau CRCSD
3054 State Highway FF, Jackson MO 63755
Recurring Credit Card Payment Sign-Up Form

Customer Information

Name: _____

Customer Number: _____

E-mail Address: _____

Phone #: _____

Credit Card Information

Credit Card Number: _____

Expiration Date: _____ CVV: _____

Name on Account: _____

Billing Address of Card: _____
(please include City, ST, Zip)

I certify that the information above is correct, that I am an authorized signer or designate of the account provided for Credit card transactions, and that I am authorized to provide this information.

I authorize Cape Girardeau CRCSD to deduct my utility payment from this account via Recurring Credit Card Payment transactions. I understand sending a written notification of Cape Girardeau CRCSD will revoke this authorization.

Cape Girardeau CRCSD reserves the right to cancel Recurring Card Payments due to insufficient funds without notice. I understand that if the ACH is returned, I will have a \$10.00 fee plus the amount of my monthly rate back on my account.

Print Authorized Name

Authorized Signature

Date