CITY OF STE. GENEVIEVE 165 S. FOURTH STREET STE. GENEVIEVE, MISSOURI 573-883-5400

CREDIT CARD AUTHORIZATION FORM

I (we) hereby authorize the City of Ste. Genevieve, to initiate debit entries to my (our) credit card indicated below. This authorization will remain in effect until the City of Ste. Genevieve is notified by me (us). The City of Ste. Genevieve must be notified in writing thirty days in advance of the cancellation date.

CUSTOMER INFORMATION

Name:

Address: _____

Phone Number:

Credit Card Details

Credit Card Type	VISA	Mastercard	Discover Card (select one)
Credit Card Number			Expiration Date
3-Digit Code on back o	f card		

Account Holders Signature: _		Date:
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CITY OF STE. GENEVIEVE 165 S. FOURTH STREET STE. GENEVIEVE, MISSOURI 573-883-5400

CREDIT CARD PAYMENT PLAN

Dear Customers,

We offer an automatic payment process. If you sign up for this process, your monthly water bill will be deducted electronically from your credit card. There is a 2% convenience for this payment option. Just follow the steps below:

- Complete the application for credit card payment process
- Return the completed application to our office
- Continue to pay your water bill in the manner you have done in the past until you receive your first bill with the wording, ACCOUNT DRAFTED DO NOT PAY, on the bill. Once you receive this bill, your monthly credit card payment will be in effect.
- Your credit card payment will be processed each month on the due date
- To discontinue payment by the credit card process, you must notify the city in writing thirty days in advance of the cancellation date.

If you have any questions please contact our office.

Sincerely,

City of Ste. Genevieve