



## AUTOMATIC CREDIT CARD AND ACH BANK DRAFT

Name: \_\_\_\_\_

Account#: \_\_\_\_\_

Service Address: \_\_\_\_\_

Phone#: \_\_\_\_\_

E-Mail: \_\_\_\_\_

*Please fill out the authorization below with your choice of payment option. You will continue to receive a utility bill each month for your inspection only. Your account will be debited each month on the 15th of the month.*

**AUTOMATIC CREDIT CARD PAYMENT**

I authorize City of Melissa to initiate variable monthly debit entries to my credit card. I agree to contact City of Melissa 20 days before the expiration date to allow time to input updated information necessary into billing system.

This payment will be:  Monthly  One Time

Type of credit card:  Master Card  Visa  Discover

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
MONTH/YEAR

CVV Code (3 Digit Security Code): \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**AUTOMATIC ACH BANK DRAFT**

I authorize City of Melissa to initiate variable monthly debit entries to my bank account. I agree to contact City of Melissa before the due date with any concerns to allow for corrections.

**Please provide a pre-printed VOIDED check.**

Checking Account  Savings Account

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CANCEL AUTOMATIC CREDIT CARD PAYMENT**

**CANCEL AUTOMATIC ACH BANK DRAFT**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**FAILURE TO RECEIVE A BILL DOES NOT EXEMPT YOU FROM MONTHLY PAYMENT, LATE CHARGES, OR DISCONNECTIONS.  
WE CANNOT BE HELD ACCOUNTABLE FOR THE MAIL SERVICE.**