

Crystal Clear Special Utility District
2370 FM 1979 * San Marcos, Texas * 78666

CUSTOMER INFORMATION

Name: _____

CCSUD Account Number: _____

Email Address: _____

Phone Number: _____

CREDIT CARD INFORMATION (A 2% CONVENIENCE FEE WILL BE ASSESSED ON ALL CREDIT CARD TRANSACTIONS)

Name on Card: _____

Type of Card: VISA _____ MASTER CARD _____ DISCOVER _____

Card Number: _____

Expiration Date: _____ Security Code: (3 digit) _____

Billing Address for Card: _____

City: _____ State: _____ 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 Crystal Clear Special Utility District (CCSUD) to deduct my utility payments from this account via Recurring Credit Card Payment transactions. I understand if I choose to discontinue this service, I will be required to send written notification to CCSUD to revoke this authorization.

Crystal Clear Special Utility District reserves the right to cancel Recurring Credit Card Payments due to insufficient funds or any other issues that prevent the funds from being paid to CCSUD, without prior notice.

Signature Printed Name

Effective Date: _____

FOR OFFICE USE ONLY BELOW THIS LINE

Date Received: _____ Date Processed: _____

Signature Printed Name