

Automatic Credit Card Draft Authorization Form

Completing this document allows the City of McAlester to charge my credit card.

Name:	City of McAlester account number:
Service Address:	Phone:

Check One:

- Monthly Charges - I would like my account to be set up to be charged monthly for the amount specified by the City of McAlester.
*this amount could vary based on monthly consumption.

- Change – Please make changes to my account based on the information below.

- Stop – Please stop my participation in the Credit Card debit program

Only Mastercard and Visa Accepted

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: ____/____/____

Billing Zip Code: _____

I hereby authorize the City of McAlester to automatically charge (debit) the credit card specified above. The City of McAlester is not responsible for any erroneous information provided. Also, I grant the City of McAlester the right to correct any electronic funds transfer resulting from an erroneous overpayment by debiting/credit my said credit card. I understand that statement amounts are variable with each billing. I understand that if the funds are not available on my credit card on the designated debit date, I will be charged a late fee accordingly. This authorization is to remain in force until the company has received written authorization from me of a cancellation or change.

Account Holder Signature

Date

Print Account Holder Name

Would you like e-Statements? Yes No

e-mail address: _____