



OREGON WATER WONDERLAND
UNIT II SANITARY DISTRICT
55841 SWAN RD, BEND OREGON 97707
(541) 593-3124 www.oww2sd.com

AUTHORIZATION AGREEMENT FOR PAYMENTS (DEBIT/CREDIT CARD)

Company Name: OWW Unit II Sanitary District

Company ID # 93-0991777

I (we) hereby authorize the Sanitary District (District) to initiate debit entries to my (our): Debit Card **or** Credit Card (← select one) indicated below. I (we) acknowledge that the origination of credit/debit transactions to my (our) account must comply with the provisions of U.S. law.

Name on Card: _____

Credit Card# _____ Exp Date: _____ 3digit Code: _____

Do not debit my (our) debit/credit card for more than \$ _____ in one month without notifying me (or either of us) first. Maximum draft amount

The bank will charge a service fee of \$1.85 or 2.5% to process utility bills.

This authorization is to remain in full force and effect until the District has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the District and DEPOSITORY a reasonable opportunity to act on it.

Name: _____ Account# _____

Signature: _____ Date: _____

Note: The District will debit your card payment on or about the 25th of every month for the total balance due. If the 25th falls on a weekend or holiday it will be processed the next business day