Pearland Water Billing & Collections
3523 Liberty Dr.
2555 Cullen Parkway
281.652.1603

# Enrollment in Recurring Credit Card Draft

| Office Use Only | | | | | |
|---|---|---|---|---|---|
| Clerk Initials | | | | Account Number | |
| Identification Checked? | YES ☐ | Valid Email Address Obtained? | YES ☐ | Enrolled in Recurring Credit Cards? | YES ☐ |

## Customer Information

Name: _____ Account Number: _____

Service Address: _____
*Street Address*

## Account Holder Information

Name (As it is shown on the card) _____

Billing Address _____
*Street Address* *City* *State* *Zip Code*

☐ **Visa** ☐ **MasterCard** ☐ **Discover**

Last Four of Card: _____ Expiration Date: _____

Valid Email Address: _____ Phone Number: _____

## Customer Agreement

| Terms & Conditions |
|---|
| ☐ I understand that by enrolling in this program my card will be charged for the total amount due on my account on the due date.<br>☐I understand that to suspend or terminate this program, I am required to submit a request in writing 10 business days before my due date or the card has a possibility of processing.<br>☐I understand that the City of Pearland will notify me of any issue with my card through email only. I understand that if my card does not process through due to an expired card or decline, my account is subject to penalties and disconnection. |

**Signature** _____ **Date** _____