



City of Kerrville

701 Main St.
Kerrville, TX 78028

For Office Use Only

Date: _____

Entered By: _____

Recurring Credit Card Authorization

Name on Account

Water Account Number

Home Phone _____ Cell Phone _____

Check appropriate box:

- New Enrollment
- Change of Account and/or Financial Institution

Complete Credit Card Information below:

Name on Credit Card _____

Credit Card Number _____

Expiration Date _____

Security Code _____

Billing Zip Code _____

I hereby authorize City of Kerrville to charge the above credit card each month for payment of the account(s) listed above. This authority will remain in effect until I have signed a new authorization or have given written notification for termination of the card.

Signature

Date

Please return to: City of Kerrville
701 Main St.
Kerrville, TX 78028