



**Sebewaing Light and Water Department**  
**110 West Main Street**  
**P.O. Box 645**  
**Sebewaing, MI 48759**  
**Phone: (989) 883-2700 Fax: (989) 883-2792**

## **Monthly Credit Card Payment Form**

Customer Account Number: \_\_\_\_\_

Customer: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Three Digit Security code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

I hereby authorize Sebewaing Light and Water to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my account and depository named above, hereinafter-called DEPOSITORY, and to credit and /or debit the same to such account.

This authorization will remain in place until Sebewaing Light and Water has received written notification by me and in such manner as to afford Sebewaing Light & Water Dept. the opportunity to act on it.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Sebewaing Light & Water Dept. reserves the right to terminate this agreement.