



PERKASIE REGIONAL AUTHORITY

Providing Water and Wastewater Service Since 1895

Recurring Credit Card Payments Sign-Up Form

CUSTOMER INFORMATION

Name: _____

Account No: _____

E-mail Address: _____

Phone No: _____

CREDIT CARD INFORMATION (Check One) Visa Master Card Discover

Credit Card Number: _____

Expiration Date: _____

Name on Account: _____

Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

I certify that the information above is correct, that I am an authorized signer or designate of the account provided for credit card transactions, and that I am authorized to provide this information.

I authorize Perkasie Borough Authority to deduct my utility payments from this account via Recurring Credit Card Payment transactions. I understand sending a written notification to Perkasie Borough Authority will revoke this authorization.

Perkasie Borough Authority reserves the right to cancel Recurring Credit Card Payments due to insufficient funds without notice.

Print Authorized Name

Authorized Signature

Date