

RIVER PLACE MUD

AUTHORIZATION FORM FOR DIRECT PAYMENT CREDIT CARD DEBITS

Company Name: Severn Trent Services

Company ID # _____

I (we) hereby authorize (Company Name) , hereinafter called COMPANY, to initiate debit entries for (Application) to my (our) credit card account indicated below, to debit the same to such account. I (we) acknowledge that the origination of such debit transactions to my (our) account must comply with the provisions of U.S. law.

Company may debit my credit card for amounts becoming due by me on a monthly basis, according to the due date on my account.

Card Member Name:	
Address:	
City/State:	
ZIP:	
Expiration Date:	
Daytime Phone:	
Type of Card:	

Account Name:
Acct Number:

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

Print Individual Name:
Signature:
Date:

MAIL THIS COMPLETED FORM DIRECTLY TO:

Severn Trent Services
14050 Summit Dr, Suite 113
Austin, Texas 78728
Attn: Kristi Hester
512-246-0498x213