



PRE-AUTHORIZED CREDIT CARD PAYMENT AGREEMENT

I hereby authorize Atlantic Municipal Utilities to initiate entries to the below credit card for the payment of services. This authority will remain in effect until I notify Atlantic Municipal Utilities in writing. Notification must be made in such time as to afford Atlantic Municipal Utilities a reasonable time to act on it.

Name: _____
(Please print as it appears on AMU Statement)

AMU Account #: _____
(Please use a separate form for each account)

Home Phone #: () _____ Work Phone #: () _____

Select One: Visa _____ MasterCard _____ Discover _____

Credit Card #: _____ Expiration Date: _____

Cardholder Name: _____

CVC #: _____ Zip Code: _____

Authorized Signature: _____

Effective Date: _____