City of Gig Harbor
Utilities & Finance
3510 Grandview Street
Gig Harbor, WA 98335
Phone (253) 851-6157
Fax (253) 851-8268

Automatic Credit Card Withdrawal Authorization Form

A. Customer Information

______________________ Customer Name

______________________ Customer Number

______________________ Billing Address for Credit Card

______________________ Service Address

______________________ City, State, Zip

______________________ Phone Number

B. Credit Card/Financial Institution Information

______________________ Name of Bank/Financial Institution

______________________ Phone Number of Institution

______________________ Address

CHECK ONE: ☐ Visa ☐ Mastercard

______________________ City, State, Zip

|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|____|_|_/_|_|
Account Number Exp.

C. Authorization Statement

I (we) hereby authorize the City of Gig Harbor to automatically charge my (our) credit card account identified above, the total amount due as stated on my (our) bi-monthly billing statement for all charges at the above service address. I authorize the Financial Institution named above to accept such transactions initiated by the City. The charges shall be made to my account within approximately eight (8) days after the billing date. The City will terminate this agreement upon notification from the bank of insufficient funds or closed account.

Otherwise, this authorization is to remain in effect until the City has received written notification from me (us) of termination, in such time as to afford the City a reasonable opportunity to act on it. I (we) am aware of my right to discontinue charges to my account by notifying the City up to three (3) business days before the billing date. I (we) am also aware it is my (our) sole responsibility to notify the City of any changes to my (our) account information and to update the credit card expiration date as required.

______________________ Customer Signature

______________________ Date

Billing Department:

Entered: ___________
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