



**Douglasville-Douglas County
 Water and Sewer Authority**
 P.O. Box 1157
 Douglasville, GA 30133
 Phone: (770) 949-7617
 Fax: (678) 631-1515
 Email: customerservice@ddcwsa.com

CREDIT/DEBIT CARD OR ELECTRONIC CHECK AUTHORIZATION FORM

CARD HOLDER INFORMATION

Company Name: _____	Name on Card: _____	
Card Holder Billing Address: _____		
City: _____	State: _____	Zip: _____

PAYMENT AUTHORIZATION

Card Type: VISA MasterCard Discover

Card Number: _____

Expiration Date: _____

Card Identification Number: _____
 (Please reference the picture to the right for the location of this number on the back of your card.)

Ima Water Customer

1234 789

Not Valid Unless Signed

In the example shown, the numbers 789 would be the Card Identification Number.

← 789

For Electronic Check, please enter the Routing number and Account number located at the bottom of your check into the fields below. See example at the right.

Routing Number _____

Account Number _____

Check Number (optional) _____

NAME ADDRESS CITY, STATE, ZIP _____ 0123
 01-23456789

DATE: _____

PAY TO THE ORDER OF _____ \$ _____

BANK NAME ADDRESS CITY, STATE, ZIP _____ DOLLARS

FOR _____

⑆0 ⑆ 2 3 4 5 6 7 8 ⑆ ⑆ 0 ⑆ 2 3 4 5 6 7 8 9 ⑆ ⑆ 0 ⑆ 2 3 ⑆

Bank Routing Number
Bank Account Number
Check Number

(A 2.95% service fee will be added to each transaction)

DEPOSIT AMOUNTS & POLICY

For residential customers, your deposit is based on the services that the home receives from WSA.

\$ 50.00 Homes with water service only (on septic tank)
 \$125.00 Homes with water and sewer service
 There will be a \$25.00 application fee added to the first bill.

For commercial, industrial, and other types of customers, please contact WSA customer service for deposit amounts.

I wish to authorize the establishment of services from the Douglasville-Douglas County Water and Sewer Authority by using this Credit/Debit Card or Electronic Check Authorization form. I agree that I will pay for the requested deposits and service fees and hold the Douglasville-Douglas County Water and Sewer Authority harmless against any liability pursuant to this authorization. I understand that my written signature or electronic signature on this form will serve as the authorized signature for the credit/debit card or electronic check transaction.

Fax completed forms to (678) 631-1515 or Email to customerservice@ddcwsa.com

Print Name: _____ Signature: _____ Date: _____

Directions: Please print the form, complete all required information and return with Service Agreement and Application Form by fax, email or mail.