

BHP WATER SUPPLY PAYCLIX – UTILITY ACCOUNT PAYMENT PROCESSING AUTHORIZATION FORM

I (we) hereby authorize BHP Water Supply Corporation, (THE COMPANY) to initiate entries to my (our) Visa, Mastercard, Discover or checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION) and, if necessary, initiate adjustments for any transactions debited or credited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act upon it.

Name – PLEASE PRINT: _		······		
BHP Acct Number:				
Service Address – PLEAS	E PRINT :			
Telephone Number:				
(Signature)	2		(Date)	
Name of Financial Institu	tion :			
City:		State:	Zip:	
Checking/Savings Accoun	nt Number	f:		
Financial Institution Rou			nese symbols 1:1: on the bot	tom left of your check)
Or .				
Credit Card (circle one):	Visa	Mastercard	Discover	
Account Number:	20		Expiration Date:	
Security Code (on back of	card):			
Billing Address for staten	nent:			
City:	State:	Z	ip Code:	