



Recurring Credit Card Payment

Please return this completed application to Sundale Mutual Water Co

Mailing Address: P.O. Box 6708, Lancaster, CA 93539-6708

Physical Address: 7337 West Ave A, Rosamond, CA 93560

Fax: (888) 786-8168 * Phone: (661) 256-3100 * E-Mail: sundalemutual@gmail.com

Please Print Clearly

To apply for credit to pay monthly water bill, please complete the following information:

Owner's Name: Last: _____ First: _____

Mailing Address: _____

Account# _____ APN# _____

Phone: _____ Cell/Work: _____

Credit Card Name: Visa / MasterCard / Discover
(Circle One)

Credit Card (16 D) #: _____

Exp date: _____
(MMYY)

VOC Code: _____
(3 digit code on back of Credit Card)

Zip: _____
(Billing Zip for Credit Card)

A monthly rate of \$ _____ will be paid each, month on the above Account, until the balance is paid in full (including current annual charge of \$180).

**** Minimum Monthly Charge \$35 per month****

**** If a lower amount is listed above, \$35 will be charge to the above credit card listed****

I hereby authorize Sundale Mutual Water Company (SMWC) to charge my credit card to pay my water bill on or *after* the **1st day of each month**. I understand that I may stop the recurring credit card service by notifying SMWC in *writing*. Also this contract will be expired the month the credit card expires.

By authorizing Sundale Mutual Water Company to charge my credit card, for payment of my water (Stand-by) bill, I acknowledge that all payments of my water bill remain my responsibility. If my credit card is denied for whatever reason, it is responsibly to pay my water bill for the month the credit card is denied.

In case of errors or questions about the transaction, or if you think you're your water statement is wrong, please contact us as soon as possible at: Phone: (661) 256-3100, E-mail sundalemutual@gmail.com, Fax: (888) 786-8168, or Mail P.O. Box 6708, Lancaster, CA 93539. We **must** hear from you within the last **15 business days** after we have charged your credit card regarding your concern. Please enclose the following information (1) Your Name and Account Number, (2) Describe the error or payment you are unsure about, (3) Tell us the dollar amount of the suspected error. We will contact you in writing and credit your account (if applicable) with the results of our investigation within fifteen (15) days.

Printed Name: _____

Signature: _____ Date: _____