

Book #: _____

Stop #: _____

West Carteret Water Corporation

4102 Hwy 24

Newport, NC 28570

Office: (252) 393-1515 Toll Free: (877) 393-6829 Fax: (252) 393-1540

CREDIT CARD DRAFT

FORMS MUST BE RECEIVED BY THE 1st OF THE MONTH TO DRAFT CURRENT BILL. DRAFT WILL TAKE PLACE ON THE 7th OF EACH MONTH. IF THE 7th IS ON A SATURDAY, SUNDAY OR BANKING HOLIDAY, YOUR ACCOUNT WILL BE DRAFTED ON THE FOLLOWING BUSINESS DAY. YOU WILL CONTINUE TO RECEIVE A COPY OF YOUR BILL EACH MONTH INDICATING THE AMOUNT TO BE DRAFTED.

Customer's Name: _____

Mailing Address: _____

City, State, & Zip: _____

Daytime Phone Number: _____

WCWC Account No.: _____

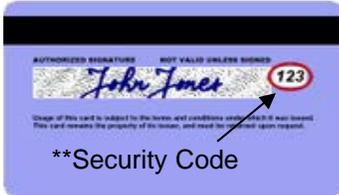
Choose Card Type: _____

Card Number: _____

Security Code**: _____ (Required)

Expiration Date: _____

Date draft is to be Active: _____



Name on the Card - If different from WCWC Customer Name: _____

Please Print the Name as it Appears on the Card

Signature of Card Holder (if not WCWC Account Holder)

() I wish to participate in West Carteret Water Corporation's credit card draft program.

WCWC Account Holder's Signature

Date

For Office Use ONLY:

Date Received: _____

Comment Added: _____

Date Entered: _____

Updated: _____

Date Active: _____

Scanned & Attached: _____