

Mountain Gate CSD
14508 WONDERLAND BLVD., REDDING, CA 96003-8518

Recurring Credit Card Payments Sign-Up Form

CUSTOMER INFORMATION

Name: _____

Account No: _____

E-mail Address: _____

Phone No: _____

CREDIT CARD INFORMATION

Credit Card Number: _____

Expiration Date: _____

Name on Account: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

I certify that the information above is correct, that I am an authorized signer or designate of the account provided for credit card transactions, and that I am authorized to provide this information.

I authorize Mountain Gate CSD to deduct my utility payments from this account via Recurring Credit Card Payment transactions. I understand sending a written notification to Mountain Gate CSD will revoke this authorization.

Mountain Gate CSD reserves the right to cancel Recurring Credit Card Payments due to insufficient funds without notice.

Print Authorized Name

Authorized Signature

Date