POLVADERA MUTUAL DOMESTIC WATER CONSUMERS ASSOCIATION

PO BOX 178, LEMITAR, NM 87823

AUTOMATIC PAYMENT PLAN AUTHORIZATION AGREEMENT

NOTE: Participation in the Automatic Payment Plan is contingent upon your signed consent to the provisions below.

I _____authorize the Polvadera Mutual Domestic Water

Consumers Association to charge my credit card on the 1st 5th, 10th, (15th), 20th or the 24th (circle date of choice) of every month for the amount due on Account's _____

TYPE OF CREDIT CARD: _____VISA _____MASTERCARD

CREDIT CARD #: _____

EXPIRATION DATE:_____

NAME (as shown on credit card billing record)__ _____

BILLING ADDRESS_____

CITY_____ STATE_____ZIP CODE_____

CURRENT HOME PHONE # _

CURRENT CELL PHONE # _____

_____ _____

SIGNATURE PRINT NAME