



Moffat Water Supply Corporation

5460 Lakeaire Blvd. Temple, Texas 76502

Credit Card Charge Authorization

Date: _____

Customer Account #: _____

Name: _____

Service Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

I, _____, give Moffat Water Supply the authorization to charge my credit Card as payment for my water bill.

Authorized Card Holder Signature