

**LOS ALAMOS COMMUNITY SERVICES DISTRICT
CREDIT/DEBIT CARD PAYMENT PLAN AUTHORIZATION
LACSD Office Open Monday Through Thursday-Closed on Fridays**

I authorize the Los Alamos Community Services District to initiate monthly payments from my credit/debit card as payments for my water and wastewater services. **The convenience fee for credit/debit card transactions is the greater of \$2.60 or 2.5% per transaction.** I authorize the credit/debit card named below to accept the payments initiated by the Los Alamos Community Services District.

I make this authorization subject to these conditions:

- Los Alamos Community Services District will deduct the water/sewer charges as stated on my monthly water and sewer billing statement that is mailed by the 3rd day of each month.
- The deduction will be made from my account each month ON or AFTER the 15th day of each month.
- I have the right to recover the amount of any erroneous Los Alamos Community Services District deduction, either through a credit to my account or by direct reimbursement.
- I will be responsible for any charges, including late fees and reconnections fees, incurred in the event the deduction is not honored by the credit card named below and **notify the District when a new card is issued.** If a payment is declined more than once, the Los Alamos Community Services District has the authority to terminate this Payment Plan Authorization immediately.
- I have the right to terminate this authorization at any time by notifying the Los Alamos Community Services District in writing or verbally.

This authority is to remain in full force and effect until the Los Alamos Community Services District has received written or verbal notification from me the undersigned of its termination in such time and in such manner as to afford the Los Alamos Community Services District a reasonable opportunity to act on it.

Visa MasterCard Discover

Card Number: _____

Expiration Date: _____

Billing Address: _____

Email: _____

The Los Alamos Community Services District may deduct payments from my account ON or AFTER the 15th day of each month.

AUTHORIZED ACCOUNT HOLDER SIGNATURE REQUIRED:

CUSTOMER NAME: _____ CUST ID: _____

SERVICE ADDRESS: _____ PHONE NO: _____

AUTHORIZED SIGNATURE: _____ DRIVER'S LICENSE NO.: _____

DATE: _____

PAYMENT TO COMMENCE: _____