



**REOCCURRING MONTHLY CREDIT CARD PAYMENT  
AUTHORIZATION**

Return form to: Lathrop Irrigation District  
PO Box 1397  
Lathrop, CA 95330

serviceapp@lathropirrigation.com

NAME ON LID ACCOUNT: \_\_\_\_\_

CUSTOMER NUMBER: \_\_\_\_\_

**ADDRESS YOU RECEIVE MONTHLY CREDIT CARD STATEMENT AT:**

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_

**CREDIT/DEBIT CARD: (DEBIT CARDS CAN BE USED IF THEY GAVE THE VISA LOGO)**

CARD TYPE: \_\_\_\_\_ VISA \_\_\_\_\_ MC \_\_\_\_\_ DISC

NAME ON CREDIT CARD: \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

I DO HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION IS CORRECT AND THAT I AM THE AUTHORIZED USER OF SAID ACCOUNT. I AUTHORIZE LATHROP IRRIGATION DISTRICT TO CHARGE MY MONTHLY BILL ON THE DUE DATE UNTIL FURTHER NOTICE.

**ALL CREDIT CARD FEES WILL BE ADDED TO THE TRANSACTION BY YOUR CREDIT CARD COMPANY**

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

DATE