

P.O. Box 59 • 9378 S. 650 West • Pendleton, Indiana 46064-0059 • (765) 778-7544 • www.fcrwd.com

## Credit Card Authorization for Auto Debit

Please complete the follow	ving information	on:
Visa	Mastercar	d Discover
Exact Name on Card		
Billing Address		
Daytime phone number (_	)	
Email Address		
Name on FCRWD accoun	t	
Service Address		
·		
FCRWD account number		
Card number		
Expiration date		3 digit security code (back of card)
Signature		o debit this card on the due date
Your signature aut of each month for	horizes FCRWD t the balance due.	o debit this card on the due date

If you are uncomfortable sending your credit card number through the mail, you may call our office and give us the information. However, you will still need to sign this form and return it to our office before we can set up automatic debit.