

Fairmont Hot Springs Utilities Ltd. CREDIT CARD AUTHORIZATION AGREEMENT

DIRECTIONS TO COMPLETE FORM

- Please attach a copy of the credit card from which Fairmont Hot Springs Utilities Ltd. and Fairmont Hot Springs Sewer Services Ltd water and sewer fees, connections fees and fees for Customer-authorized work should be debited by Fairmont Hot Springs Utilities Ltd. and Fairmont Hot Springs Sewer Services Ltd.
- Fax to : 1-250-345-6041 or email to payments@fhswatersewer.com

Card Type: VISA _____ MASTERCARD _____

Cardholder Name: _____

Billing Address: _____

Card Number: _____

Expiration Date ____/____ CVV _____

Please provide the primary and secondary billing contacts to receive your statement of monthly service fees

Primary billing contact name: _____

Primary billing contact e-mail: _____

Authorization for a one time payment : Yes _____ No _____ Amount of Payment: _____

Authorization for recurring payment 30 days after bills are issued: : Yes _____ No _____

- Please complete the authorization agreement below.

Customer's Name ("Customer"): _____

Customer's Account Number (s): _____

Customer hereby authorizes Fairmont Hot Springs Utilities Ltd. ("FHSUL") to collect water and sewer service fees and fees for work authorized by Customer by initiating debit entries to Customer's credit card account indicated above. Further, Customer authorizes its credit card institution to accept and debit these debit entries indicated by FHSUL to Customer's Account. If sufficient funds are not available upon presentation of FHSUL's debit entries to Customer's credit card Account, FHSUL may take such action to collect monies due and associated insufficient funds charges as identified in the Water Utility Act and consistent with this or any other written agreement with Customer including, but not limited to, reissuance of the debit entries. Customer hereby acknowledges that the origination of credit card transactions to Customer's Account must comply with the provisions of Canadian Law. FHSUL adheres to the Payments Card Industry Data Security Standard. This authorization is to remain in full force and effect until FHSUL has received written notification from Customer of its termination in such time and in such manner as to afford FHSUL and Customer's depository financial institution a reasonable opportunity to act on it.

_____/_____/_____
Printed Name Date

Customer's Authorized Signature

Title