



HARRIS COUNTY W.C.I.D. NO. 50  
1122 CEDAR LANE  
EL LAGO, TEXAS 77586-6004  
(281) 326-5573 OFFICE  
(281) 326-7005 FAX  
[customer.service@wcid50.com](mailto:customer.service@wcid50.com)

**FOR OFFICE USE ONLY:**

RECEIVED: \_\_\_\_\_ (DATE IN OFFICE)  
Employee Initials \_\_\_\_\_  
Entered into System: \_\_\_\_\_ Date  
Employee Initials: \_\_\_\_\_

**AUTHORIZATION AGREEMENT MONTHLY CREDIT CARD PAYMENT**

**WCID #50 ACCOUNT INFORMATION:**

Name on Water Account: \_\_\_\_\_ Water Account Number: \_\_\_\_\_  
Service Address: \_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_  
Email Address \_\_\_\_\_

CREDIT/DEBIT CARD INFORMATION: CARD TYPE: V\_\_\_ MC\_\_\_ D\_\_\_  
(V=VISA, MC=MASTERCARD, D=DISCOVER,)

NAME AS IT APPEARS ON CARD (PLEASE PRINT): \_\_\_\_\_

BILLING ADDRESS OF CARD: \_\_\_\_\_

CREDIT/DEBIT CARD NUMBER \_\_\_\_\_

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

3 or 4 Digit CVV Code (Security Code) \_\_\_\_\_ **(MANDATORY)**

**Signature Section:** I hereby authorize Harris County W.C.I.D. No. 50 to charge my debit/credit card indicated above for the payment of my monthly water bill. I further understand that a convenience fee (2.75% + \$0.50 for payments under \$100) will be applied to every credit card transaction. I understand the monthly charge will be made on the 15<sup>th</sup> of each month for the balance amount as shown on such bill. I further understand that if my payment is dishonored there will be a \$35.00 Return Payment Fee added to the amount due. This authority shall remain in effect until I cancel this authorization in writing.

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Driver's License # \_\_\_\_\_

To ensure the highest level of security regarding your credit/debit card information, our preferred method of receiving this form is to deliver it in person to our office or place it in our night drop. However, if you do utilize the night drop, you are responsible for contacting our office to ensure receipt of your information.