

TOWN OF BASIN

INCORPORATED AUGUST 6, 1902
BASIN, WYOMING 82410

209 SOUTH 4th STREET
PO BOX 599

TEL 307-568-3331
FAX 307-568-9352

AUTHORIZATION FOR AUTOMATIC MONTHLY CREDIT CARD PAYMENT

Account # _____
Name _____
Address _____
CC Billing Address _____ Zip _____
City _____
State _____ Zip _____
Home Phone _____ Business Phone _____
Email _____

* * * * *

With my signature on this form, I authorize the Town of Basin to charge my monthly utility/service fees to my credit card plus an additional 5% processing fee. In the unlikely event that any charges are dishonored, you will be notified and the account will be subject to a 1.5% Late Payment Penalty.

Card number _____
Expiration date _____ VISA _____ M/C _____ DSCVR _____ AMEX _____
CSV # _____

You are responsible for notifying us immediately if credit card information changes. If you wish to terminate this service at any time, please do so in writing ***immediately***. Direct all correspondence to:

Town of Basin Clerk/Treasurer
P. O. Box 599, Basin, WY 82410
Phone: 307-568-3331 Email: townofbasin@tctwest.net

Signature _____ Date _____