

Member Govts.
Onslow County
Holly Ridge
Jacksonville
North Topsail Beach
Richlands
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Board of Directors

www.onwasa.com

Billing/Customer Service
Department

AUTOMATIC CARD BILLING AUTHORIZATION

Name: _____

ONWASA Account Number: _____

Home Phone: _____ Work Phone: _____

SSN (optional): _____

Credit Card Information

Security Code _____

Please bill my: Visa Master Card

Cardholder's Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Card Number: _____

Expiration Date: _____

I authorize ONWASA to automatically bill the credit card listed above each month for the amount of my monthly utility bill, including any charges incurred for previous payments, service calls, inspections, meter testing, etc. This will be in effect as soon as possible and will remain in effect until such time as I notify ONWASA in writing of my desire to cancel this service. I understand that if I close my account, the final bill may be charged to my credit card before the usual payment due date.

Signature: _____ Date: _____

Note: Each individual account must have a separated completed form on file. It will take approximately one billing cycle to begin automatic billing to a credit card, therefore, it may be necessary to remit your next payment to avoid a late fee. Please contact our office with any questions.