

LEWISBURG AREA JOINT SEWER AUTHORITY

POST OFFICE BOX 305
LEWISBURG, PA 17837-0305
570-524-7069

REQUEST FOR AUTOMATIC PAYMENT OF SEWER CHARGES USING CREDIT CARD/DEBIT CARD.

LAJSA Account number to be paid

Acct # _____

Type card to be charged

Discover ☐

Mastercard ☐

Visa ☐

American Express ☐

Debit Card ☐

Credit Card ☐

Name as it appears on credit card/debit card (please print)

Credit card/debit card account #

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Three or four digit code on back of card

--	--	--	--

Expiration date

--	--	--	--

Day time telephone #

--	--	--	--	--	--	--	--	--	--

* With my signature I do hereby authorize Lewisburg Area Joint Sewer Authority to charge the above referenced credit card/debit card until its expiration date or until I give written notification otherwise.

Signature of card holder

Date