

<b>Eagle Point Irrigation District</b>		<b>Credit Card Payment Authorization Form</b>	
Property Address:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AmEx <input type="checkbox"/> Discover		
Email address to send a receipt:			
Cardholder Name:	Amount: + 3% fee		
Card Number:	Expiration Date:	Phone #:	
<small>I authorize the EPID to charge the credit card indicated in this authorization form according to the terms outlined above, including a 3% transaction fee. This payment authorization is for the goods/services described on this statement, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.</small>			
Cardholder Signature:	Date:		

FAX OR EMAIL SIGNED FORM TO 541-826-8738 or [epidist@centurylink.net](mailto:epidist@centurylink.net) or call in a phone payment 541-826-3411