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Electronic Check/ Credit Card Authorization Form

Please complete the information in the box below to authorize an electronic check payment (ACH-debit).

Name on Check (Last, First): _____
Address: _____
Phone: _____
Bank Routing Number (these are the numbers between the colleens at the lower left corner of your check): _____
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Account Number: _____
Amount Authorized: _____
Email Address for electronic receipt (optional): _____
Signature: _____

Please complete the information in the box below to authorize a credit card transaction.

Card Holder Name: _____
Card Address: _____
Amount Authorized: _____
Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Master-card <input type="checkbox"/> Discover-card CVV: _____
Card Number: _____ Expiration Date: ___ / ___
E-mail Address for electronic receipt (optional): _____
Signature: _____