



# Riviera Utilities

Foley Office:  
413 E. Laurel Ave.  
P. O. Drawer 2050  
Foley, Alabama 36536

Daphne Office:  
700 Whispering Pines Road  
Daphne, Alabama 36526

(251) 943-5001  
Fax (251) 970-4182

(251) 626-5000  
Fax (251) 626-5993

## Authorization Agreement For Automatic Credit Card Payment Of a Commercial Account

1. Riviera Account Number \_\_\_\_\_
2. Service Address \_\_\_\_\_
3. Customer Name \_\_\_\_\_
4. Mailing Address \_\_\_\_\_
5. Contact Name \_\_\_\_\_
6. Day Time Contact Phone Number \_\_\_\_\_
7. Type Of Card ( Visa, MasterCard or Discover ) \_\_\_\_\_
8. Name as it appears on card \_\_\_\_\_
9. Mailing Address for card statement \_\_\_\_\_
10. Credit Card Account Number \_\_\_\_\_
11. Expiration date of Card \_\_\_\_\_

I hereby authorize Riviera Utilities, as my agent, to debit my credit card for payment of all bills that are issued by Riviera Utilities. I further authorize Riviera Utilities to present the credit card transaction for payment of bills rendered by Riviera Utilities. I understand that these credit card charges will be processed approximately fourteen (14) days after the invoice date of the utility bill. I also understand that I must notify Riviera Utilities promptly upon receipt of my bill of any dispute regarding the amount of my bill. This authority is to remain in effect until Riviera Utilities has received written notification from me of its termination in such time and manner as to afford Riviera Utilities a reasonable opportunity to act.

In consideration of this service to the extent permitted by applicable law, I hereby release and hold harmless Riviera Utilities for all claims of liability with respect to the debit of my account. In no event will Riviera Utilities be liable for the acts or omissions of others.

I understand Riviera Utilities may impose a processing fee if the credit card transaction is declined for any valid reason. Riviera Utilities retains the right to discontinue processing of this credit card transaction. This authorization will be in effect until either party gives written notice to the other of termination.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Serving South Baldwin County Since 1916*

Please fax the signed document to the attention of the customer service department in the appropriate office.