

# Credit Card Information for payment(s) to New York Rural Water Association

What is Payment for: \_\_\_\_\_

Amount charged \$ \_\_\_\_\_

Card Holders Name: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Credit Card Type:  Mastercard  Visa  American Express

Credit Card Number: \_\_\_\_\_

CVV Code: \_\_\_\_\_ (for AmEx code is on front, others code is on back)

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**NYRWA  
PO Box 487  
Claverack, NY 12513**

**518-828-0582 Fax**