

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

What is Payment for: _____

Amount charged \$ _____

Card Holders Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Credit Card Type: Mastercard Visa American Express

Credit Card Number: _____

Expiration Date: _____

Signature: _____