

Credit Card Information for payment(s) to New York Rural Water Association, Inc.

What is Payment for: _____

Amount charged \$ _____

Card Holders Name: _____

Card Holder's Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

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, Inc.
PO Box 487
Claverack, NY 12513**

Email to: nyrwa@nyruralwater.org or Fax to: 518-828-0582