



Chandler Heights Citrus Irrigation District  
PO Box 9038  
Chandler Heights AZ 85127  
Office 480.988.2731  
Fax 480.988.4015

[chcid@chcid.org](mailto:chcid@chcid.org)

Office Hours – Monday through Friday 9am -5pm

### Credit Card Payment Authorization Form

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Please complete the information below:

I \_\_\_\_\_ authorize Chandler Heights Citrus Irrigation District to charge my credit card for the amounts invoiced.

Customer Name: \_\_\_\_\_

Billing Address \_\_\_\_\_ Phone # \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Account Type: Visa

MasterCard

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

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

CVV2 (3 digit number on back of Visa/MC) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

As the credit card holder, I also authorize Chandler Heights Citrus Irrigation District (CHCID) to charge my credit card for future purchases verbally (or written) approved by me.

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. CHCID will keep all information entered on this form strictly confidential.