



EL DORADO

THE FINE ART OF LIVING WELL

Date: _____

The undersigned, _____, authorizes and directs the City of El Dorado Water Department to charge my credit card below for my utility bill.

Water Account Number : _____-_____

Service Location : _____

Credit Card Number : _____-_____

Exp. Date : ____/____ 3 Digit Code : _____

Signature _____

Phone Number _____

Mailing Address _____

A CITY OF CHARACTER

220 E. First PO Box 792 El Dorado, KS 67042 Phone 316.321.9100 Fax 316.321.6282
www.360eldorado.com/Government/CityofElDorado.html