ARIZONA WATER COMPANY • SUREPAY APPLICATION AND AUTHORIZATION

I WANT TO SIGN UP FOR SUREPAY FROM MY: □ CHECKING ACCOUNT

Complete and Sign Application SUBMIT COMPLETED FORM TO: Arizona Water Company

	SAV	INGS	ACC	OUNT
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		P.O. BOX 29098
SAVINGS ACCOUNT		Phoenix, AZ 85038
	Or Fax To: 602-240-6874	
NAME ON WATER ACCOUNT (as it appears on your water bill)		

SERVICE ADDRESS							DAYTIME PHONE									
ACC	OUNT NU	MBER	2								r	1	1	1	r	1
				-					-						-	
MAI	LING ADD	RESS	(if diff	erent f	rom s	service	addre	ess)								
FINIA		OTITU		(le se se se la	4	:)								
FINA	ANCIAL IN	51110	TION	(name	and	branch	1 locat	ion)		NAME ON BANK ACCOUNT						
BAN	IK ROUTIN	IG TR/	ANSIT	NUM	BER					BANK A	CCOUNT	NUMBER	२			
1.									1.							
:									1:							
SIGNATURE						DATE										
I hereby authorize Arizona Water Company (Company) and the indicated financial institution to charge my bank account for																
payment of my monthly water bill. I understand that both the financial institution and Company reserve the right to terminate this																
payment plan and/or my participation in the plan at any time, and /or impose applicable fees for rejected payments. I may																
discontinue my participation in the plan at any time by notifying the Company.																

INSTRUCTIONS FOR COMPLETEING SUREPAY APPLICATION AND AUTHORIZATION

- Complete the above pdf fillable form or print form and complete using a blue or black pen
- Arizona Water Company Sign and Date the completed form
- Print completed form and mail to:
- By fax: 602-240-6874
- P.O. Box 29098 Phoenix, AZ 85038-9098



The account will be enrolled in the Surepay program approximately 15 calendar days after receipt of the application.

NAME ON WATER ACCOUNT: The name that appears on your monthly water bill

SERVICE ADDRESS: The address at which water service is provided

ACCOUNT NUMBER: Arizona Water Company's account number for water service to the service address

DAYTIME PHONE NUMBER: A telephone number at which you may be reached during the day

MAILING ADDRESS: The address to which water bills are mailed

FINANCIAL INSTITUTION: Name and branch location of financial institution at which your checking/savings account is located

BANK ROUTING TRANSIT NUMBER: The 9-digit number on the bottom left corner of your check.

BANK ACCOUNT NUMBER: The account number for your checking/savings account can be 8 to 17 digits long. The check number should match the number on the top right corner of the check.

NAME ON BANK ACCOUNT: The name shown on your bank account

SIGNATURE: Signature of person authorized to make withdrawals from your bank account

DATE: The date authorization is given to Arizona Water Company to request payment withdrawal from bank

YOUR NAME 1234 Main Street Anywhere, OH 00000		DATE _		123
PAY TO THE ORDER OF			\$	
1:044072324	1000123456789	(123		_ DOLLARS
			,	