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 P.O. Box 29098

SAVINGS ACCOUN	Π
----------------	---

	GS A		UNT										-	enix, A	Z 85038
										Or Fax To	: 602-24	0-687	74		
NAME	E ON	I WATE	ER AC	COUI	NT (as i	it appear	s on yo	our wate	er bill)					
SERV	/ICE	ADDR	ESS									DA	YTIME P	HONE	
ACCO	אוור	T NUM	BER												
7000															
					-				-					-	
MAIL	ING	ADDRI	ÉSS (i	if differ	rent fror	m service	e addre	ss)			÷		•		
FINANCIAL INSTITUTION (name and branch location)							NAME ON BANK ACCOUNT								
BANK ROUTING TRANSIT NUMBER									BANK ACCOUNT NU						
									1.	2, 1117, 100000111110					
:									:						
SIGN	ATU	RE – V	Vritten	n or Ele	ectronic	;				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 COMPLETING SUREPAY APPLICATION AND AUTHORIZATION

- Complete the above pdf fillable form or print form and complete using a blue or black pen
- Sign and Date the completed form Arizona Water Company
- 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: Written or Electronic 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		\$
		_ DOLLARS