



303 N. Beeline Highway #A
Payson, Arizona 85541
(928) 472-5100
Fax (928) 472-2556

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

A VOIDED CHECK MUST BE SUBMITTED WITH THIS FORM

I hereby authorize the **TOWN OF PAYSON WATER DEPARTMENT** to automatically withdraw from the account indicated below the balance that is due on my monthly water bill. I understand that there will be a \$25.00 charge for any insufficient funds transaction. The **TOWN OF PAYSON WATER DEPARTMENT** will make one attempt to transfer funds.

This authorization is to remain in full force and effect until the **TOWN OF PAYSON WATER DEPARTMENT** has received written notification from me of its modification or termination in such time and in such manner as to afford the **TOWN OF PAYSON WATER DEPARTMENT** and **DEPOSITORY** a reasonable opportunity to act on it.

Please type or print all information.

PERSONAL INFORMATION

Name on Water Account: _____ Phone: _____
Service Address: _____
Account Number: _____
Email Address: _____

FINANCIAL INSTITUTE INFORMATION

Name on Bank Account: _____
Bank Name: _____ Branch: _____
Bank Routing Number (first 9 numbers on bottom left): _____
Bank/Checking Account Number: _____
Effective Date: _____

PLEASE PRINT APPLICATION BEFORE SIGNING

Signature

Date

TO REMOVE CHECKING ACCOUNT FROM AUTOMATIC DRAFT

PLEASE CHECK BOX

&

Please complete "Personal Information Section" only, sign & date form