



ARIZONA CITY SANITARY DISTRICT

PO BOX 2377 • 12922 S KASHMIR RD. ARIZONA CITY, AZ 85123
OFFICE: (520) 466-5203 • FAX: (520) 466-5849 • e-mail: acsdinfo@azcitysewer.net

AUTOMATIC DRAFT ENROLLMENT/CHANGE/CANCEL FORM

Allow sufficient time for processing. Funds to pay your sewer bill will automatically be taken from your account on or about the 10th day of January, April, July, and October. Weekend or holidays are the exception then accounts are drafted the first business day after.

I hereby authorize the Arizona City Sanitary District (the District) to perform the following action:

Electronic Funds Transfer (EFT) Checking

Include a Pre-Printed VOIDED check

Electronic Funds Transfer (EFT) Savings

Include a Pre-printed deposit slip-verify that the Bank Routing Number is valid for ACH transactions.

Change Bank Account

Include a new Pre-Printed VOIDED check

Cancel EFT

<u>Effective Date</u>	<u>ACSD Account # or Service Address</u>
<u>Name(s)</u>	<u>Phone #</u>
<u>Mailing Address</u>	<u>Email (optional)</u>

This authorization is to remain in full force and effective until the Arizona City Sanitary District has received written notification from me (or either of us) of its termination or I/we have sold the property to which this authorization is intended in such time and in such manner to afford the District and its financial institution a reasonable opportunity to act on it. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U. S. Law.

I (we) authorize the District or the financial institution to automatically debit my checking or savings account for the total amount due on my account for sewer fee. I (we) understand if the transaction is returned by my financial institution for any reason, return check charges may apply and the District may terminate the automatic draft authorization if the transaction is returned for any reason.

I (we) also agree to contact the District at least seven (7) days before the end of the month with any concerns to allow time for correction. I (we) understand that by authorizing automatic bill pay drafting, I(we) will no longer receive a quarterly statement (bill) but I (we) may obtain a copy of the most current statement at the Arizona City Sanitary District office.

Signature: _____ Date: _____

NOTE: Debt authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

For Office Use Only
Entered by: _____
Checked by: _____