

PREAUTHORIZED PAYMENT CONSENT FORM



Town of Payson Water Department

303 N Beeline Highway #A
Payson, AZ 85541
(928) 474-5242x4
Fax: (928) 472-2556
Email: water@paysonaz.gov

SUBMIT A VOIDED CHECK WITH THIS FORM TO VERIFY BANK ACCOUNT INFORMATION

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. I understand that there will be a \$25.00 charge for failed draft transactions resulting from any incorrect information provided on this form. 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