



Automatic Payments Application and Agreement

- Your monthly payment will be automatically deducted from the account of your choice
- Once your enrollment is in effect, Electronic Funds Transfer (EFT) will appear on your bank statement
- Transfer from your bank account to your Liberty account will occur on the due date listed on your bill

PLEASE PRINT

1. Name (Last) _____ (First) _____

2. Account Number: _____ (Optional)

3. Service Address: _____

City: _____ Zip code: _____

4. Mailing address (if different): _____

City: _____ Zip code: _____

Country: _____

5. Telephone number: (____) _____ 6. Email address: _____

7. Name of Financial Institution: _____

Bank Routing/Transit Number: _____

Bank Account Number: _____

Checking Account (Include **Voided Check**) OR Savings Account (Include **Deposit Slip**)

8. Automatic Payments Authorization Agreement

I hereby authorize Liberty and the financial institution designated on this application (until otherwise instructed) to charge the account I have specified for payment of my monthly Liberty bill. I have the right to suspend or discontinue automatic bill payment by notifying Liberty prior to the payment due date. I understand that a fee will be charged to my account for each payment request returned for insufficient funds. If two payment requests are returned, I may be excluded from the plan. In addition, I understand that both the financial institution and Liberty reserves the right to terminate this payment plan and/or my participation in the plan.

Authorized Signature: _____ Date: _____

Please Mail or Fax your form to: 14920 W Camelback RD
Litchfield Park, AZ 85340
Fax: (623) 935-1020