

## Surepay Application and Agreement

- Once you enrollment is in effect, "EFT" (Electronic Funds Transfer) will appear on your bill
- Transfer from your bank account to your Liberty Utilities 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 Ch	OR 🗖	Savings Account (Include <b>Deposit Slip</b> )
bill. I have the right to suspend or discont to the payment due date. I understand that	ant I have specified for attinue automatic bill parata a fee will be charged yment requests are returcial institution and Libe	payment of my monthly Liberty Utilities yment by notifying Liberty Utilities prior to my account for each payment request rned, I may be excluded from the plan. In erty Utilities reserves the right to
Authorized Signature:		Date:
Please Mail or Fax your form to:	20175 E Stagecoach Tr	rl Ste A

Mayer, AZ 86333 Fax: (623) 935-1020