

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 (i	f different):			
City:		Zip code:		
Country:				
5. Telephone number	r: ()	6. Email ad	ddress: _	
7. Name of Financial	Institution:			
Bank Routing/Tra	nsit Number:			
Bank Account Nu	mber:			
	Checking Account (Include Voided Checking)	OR ek)		Savings Account (Include Deposit Slip)
I hereby authorize otherwise instructe bill. I have the right to the payment due returned for insufficaddition, I understaterminate this payment.	d) to charge the account at to suspend or disconting date. I understand that a cient funds. If two paym and that both the financia ment plan and/or my part	I have spectature automatical fee will be nent requests al institution ticipation in	ified for ic bill pa charged are retu and Lib the plan	
Authorized			Date:	
Please Mail or Fax	your form to:	225 W. Fron	tage Rd	

Rio Rico, AZ 85648

Fax: (520) 281-7433

In