Liberty Utilities

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 Check**) OR ☐ Savings Account (Include **Deposit Slip**)

8. **Surepay Authorization Agreement**

I hereby authorize Liberty Utilities and the financial institution designated on this application (until otherwise instructed) to charge the account I have specified for payment of my monthly Liberty Utilities bill. I have the right to suspend or discontinue automatic bill payment by notifying Liberty Utilities 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 Utilities 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:

4055 Campus Drive
Sierra Vista, AZ 85635
Fax: (520) 459-6680