



Utility Billing Automatic Payment Sign-up Form

Customer Name _____ Utility Account # or Cust # _____

Name on Bank Account or Credit Card _____

Daytime Phone # _____ Donate \$1.00 to Scottsdale Cares? Yes No

Service Address: _____

Option 1 SUREPAY (bank) checking or savings
You are required to check mark one of the boxes below <input type="checkbox"/> New <input type="checkbox"/> Cancel/Change - Immediately - you will be responsible for making your current payment. <input type="checkbox"/> Cancel/Change - After current payment is processed.
Required information: 1. Attach a voided check or a photocopy of a check. Sending a Deposit Slip is not acceptable for this process. 2. Continue to pay until your bill states " Do not Pay... " on your stub portion of your bill
Due to bank regulations when setting up a new application or changing your checking or savings account information, please be aware it may take up to two billing periods for your payments to be automatically debited from your bank account.

Option 2 AUTOPAY (credit card)
You are required to check mark one of the boxes below <input type="checkbox"/> New <input type="checkbox"/> Change - Immediately <input type="checkbox"/> Cancel/Change - After current payment is processed. <input type="checkbox"/> Cancel - Immediately - you will be responsible for making your current payment.
Required information: Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express Card# _____ Expiration Date _____
Continue to pay until your bill states " Do not Pay... " on your stub portion of your bill. You will need to contact us by phone or in writing when you receive a new expiration date for your Credit Card.
Note: Your credit card statement will display "Scottsdale Cust. Service 312-7400" as a description of your monthly charge for water, sewer and refuse service fees.

The charge against your Bank Account or Credit Card will occur on or after the due date shown on your monthly statement.

Any changes to the credit card or banking information **MUST** be reported to the City of Scottsdale immediately. Failure to do so may result in the discontinuance of the automatic payment plan.

To provide sufficient time to cancel a payment or stop the automatic payment plan you must notify our office in writing by mailing or faxing the information to the City of Scottsdale **no less than 8 days prior** to the date shown on your billing statement.

City of Scottsdale

PO Box 1300

Fax: 480-312-4805

Scottsdale AZ 85252

Phone: 480-312-7400

I understand that to remain on the selected automatic payment plan, I must maintain sufficient funds in my designated account. I have indicated above whether I will participate monthly in the Scottsdale Cares donation program. I understand that if I didn't indicate either way the utility account will be set up as NOT donating.

I hereby authorize and request the City of Scottsdale, unless otherwise instructed by the undersigned, to charge for the service address above all utility fees rendered on the Utility Statement.

Print name _____ Signature _____ Date _____