

Surepay Application and Agreement

To join Surepay, please complete this application and submit it to:
12725 W. Indian School Rd. Ste. D101
Avondale, AZ 85392
Fax: 623-935-1020

- Once your enrollment is in effect, "EFT" (Electronic Funds Transfer) will appear on your bill.
- Transfer from your bank account to your Liberty Water account will occur on due date listed on your bill.

PLEASE PRINT

1. Name (Last): _____ (First): _____

2. Account Number: _____

3. Service Address: _____

City: _____ Zip Code: _____

4. Mailing Address (if different): _____

City: _____ Zip Code: _____

5. Daytime Telephone Number: (_____) _____

6. Name of Financial Institution: _____

Address of Financial Institution: _____

City: _____ Zip Code: _____

Bank Transit Number: _____

Bank Account Number: _____

Checking Account OR Savings Account

7. Surepay Authorization Agreement

I hereby authorize Liberty Water and the financial institution designated on this application (until otherwise instructed) to charge the account I have specified for payment of my monthly Liberty Water bill. I have the right to stop automatic bill payment by notifying Liberty Water 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 Water reserves the right to terminate this payment plan and/or my participation in the plan. I may discontinue in the plan at any time by notifying Liberty Water .

Signature: _____

Date: _____
(m/d/y)