

What is an Automatic Payment?

It is a means of having your bank automatically deduct your Sewer Fees from your bank account.

What are the benefits?

Having automatic payment is the most convenient way to make your Sewer payments. You will save time, and you will not have to remember to write a check. You will know your Automatic Payment will be on time.

How do I authorize the Automatic Payments?

Complete the authorization form that is part of this brochure. Send it, along with a blank check on which you have written "VOID", to the address at the bottom of the authorization form. When your bank starts deducting your payments, they will be itemized on your bank statements.

On what day will my bank account be debited and for how much?

We will inform you of your payment due date and will debit your account on that date. The amount deducted will be your current amount due.

What if I change my mind later and want to cancel this service?

Contact Buckskin Sanitary District and request in writing to cancel your autopay (with your signature).

You need to be aware that it may take 30 days to discontinue electronic debits, so there may be one more automatic payment deduction before you start receiving statements.

PLEASE NOTE: Your voided check, bank name, and account number are needed in order to set up your Automatic Payment. This information will be kept confidential.

Tear along this line

Buckskin Sanitary District

PO Box 5398

Parker, AZ 85344

Phone: (928) 667-7197 Fax: (928) 667-1697

E-Mail: buckskin@bsdsewer.org www.bsdsewer.org

Authorization for Automatic Payment

CUSTOMER INFORMATION

BSD Book Number: _____ BSD Account Number: _____

Customer Name: _____

Service Address: _____

Street City State Zip

Telephone: () _____

Mailing Address: _____

(If different than above) Street City State Zip

Email Address: _____

I authorize the following financial institute to accept the fund transfers and charge my checking or savings account shown below to pay Buckskin Sanitary District sewer bills or to credit my account if it is necessary to make corrections. This authorization is in effect until I contact BSD in writing.

Financial Institution: _____

Bank Account Number: _____

Type of Account: Checking Savings

Signature: _____ Date: _____

(Signature required for processing. Must be authorized signer on bank account.)

IMPORTANT: Return this form and a voided check to:

Buckskin Sanitary District

PO Box 5398

Parker, AZ 85344