

Town of Paradise Valley

6401 E. Lincoln Drive
Paradise Valley, AZ 85253-4399
480-348-3518

Authorization Agreement for ACH Debits

I/We want to participate in the Town of Paradise Valley's automated debit program for sewer and/or alarm charges.

Name			
Name (for joint account)			
Sewer/Alarm Account Number		Phone Number	
Service Address			

I/We authorize the Town of Paradise Valley, to initiate debit entries and/or correction entries for payment of sewer and/or alarm fees to our bank account indicated below at depository named below, herein called DEPOSITORY, to credit the same such account. Debits will be effective the 20th of each month or the next business day should the 20th fall on a legal holiday or weekend. Should the debit be returned from DEPOSITORY for insufficient funds, a non-sufficient funds fee, currently at \$50, will be assessed in accordance with the Town's fee schedule.

Depository Name		Circle One Account Type	Checking OR Savings
City		State	
Bank Account Number		Bank Transit/Routing Number	
Signature		Date	
Signature (for joint account)		Date	

Please attach a voided check for your specified bank account. NOTE: It cannot be a deposit slip. If depositing to a savings account, ask your bank to give you the routing/transit account number. It is not always the same as the number on a savings deposit slip. If you have already signed up before, you do not need to complete this form again unless you wish to change your bank account information.

If you would like to make a monthly contribution to Drug Awareness Resistance Education (DARE), please enter amount: _____ (Whole dollars only)

Thank you for your participation in the ACH Debit Program.