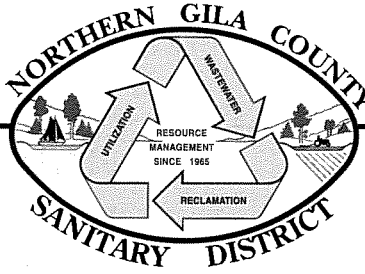


2200 W. Doll Baby Ranch Road
Payson, Arizona 85541



(928) 474-5257
(928) 474-5258 FAX
(602) 256-0047 Phoenix
www.ngcsd.org

NORTHERN GILA COUNTY SANITARY DISTRICT AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

I hereby authorize the *Northern Gila County Sanitary District* to automatically withdraw from the account indicated below the balance that is due on my monthly sewer service bill. I understand \$29 will be charged to this account for any insufficient funds transaction. The *Northern Gila County Sanitary District* will only make one attempt to transfer funds.

This authorization will remain in full force and effect until the *Northern Gila County Sanitary District* has received notification from me of its modification or termination in such time and manner as to afford the *Northern Gila County Sanitary District* and *Depository* a reasonable opportunity to act on it. I understand while my account is on the automatic payment plan I will not receive a mailed statement.
Please type or print all information.

PERSONAL INFORMATION:

Name on Sanitary District Account:	
Service Address:	
Sewer Service Account Number:	Phone:

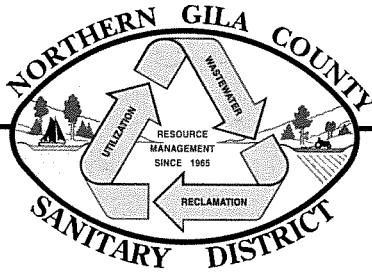
FINANCIAL INFORMATION:

Name on Bank Account:
Bank Name:
Bank Routing Number (first 9 numbers on bottom left):
Checking Account Number:

Signature:	Date:
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****A VOID CHECK MUST BE SUBMITTED WITH THIS FORM****

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Dear Customer:

The Northern Gila County Sanitary District has an automatic payment plan which allows our customers to authorize an automatic debit from their checking account on a monthly basis. We feel this service will save our customers both time and money.

On the reverse side of this letter please find an *Authorization Agreement for Preauthorized Payments* for future sewer service billings. If you are interested in signing up for this program:

1. Complete the enclosed form in its entirety.
2. Attach a void check to the form.
3. Auto-pay will begin with your next billing period.
4. Each property requires a separate form.

All customers selecting this payment method will be billed on a monthly basis.

Effective, July 1, 2018 residential customers are charged \$21.80 per month per residence, or 1/3 of your quarterly bill.

Please note, while your account is on the automatic payment plan YOU WILL NOT RECEIVE a mailed statement. Please check your bank statement as your account will be debited on the 24th day of each month thereafter.

If you have any questions regarding the preauthorized payment plan, please feel free to contact our office.

Sincerely,

NORTHERN GILA COUNTY SANITARY DISTRICT