



**City of Sierra Vista**  
**1011 N. Coronado Drive, Sierra Vista, AZ 85635**  
**(520) 458-3315**

**AUTOMATIC PAYMENT PLAN APPLICATION & AGREEMENT**

Please check one: Add New EFT: _____ Change Existing EFT: _____ Stop Existing EFT: _____
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*\*Starting a new EFT - Complete this form, attach a voided check and return to the above address. Within one or two billings, a new line item will appear on the bottom of your bill "Bank Draft – Do Not Pay." This will confirm your payment through the plan. Please continue to make payments until this line item appears on your bill.*

Name (as shown on your bill): \_\_\_\_\_ Date: \_\_\_\_\_

Sewer/Sanitation Account Number: \_\_\_\_\_ Customer Number: \_\_\_\_\_

Service Address: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

**NEW EFT INFORMATION:**

Name (as shown on bank account): \_\_\_\_\_

Transit Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Financial Institution \_\_\_\_\_

Address \_\_\_\_\_

I hereby authorize the City of Sierra Vista and the financial institution designated on this application to charge the account I have specified for payment of my bi-monthly or yearly sewer/sanitation bill. I understand a fee may be charged to my account for each request returned unpaid by the financial institution. If two consecutive requests are returned unpaid, I may be excluded from the plan. In addition, I understand that both the financial institution and the City of Sierra Vista reserve the right to terminate this payment plan and/or my participation therein. Should I choose to withdraw from the plan, I will give the City of Sierra Vista sufficient notice.

**PREVIOUS EFT INFORMATION (already on file):**

Name (as shown on bank account): \_\_\_\_\_

Transit Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Financial Institution \_\_\_\_\_

Address \_\_\_\_\_

I hereby authorize the City of Sierra Vista to terminate debit entries to my checking account pursuant to the previously effected authorization agreement. In doing so, I afford the City reasonable time to act on the request and acknowledge that reinstatement of this service will require written notification in the form of a newly effected authorization agreement.

\_\_\_\_\_  
 CUSTOMER NAME (PRINT)                      CUSTOMER SIGNATURE                      DATE