

What is an Automatic Payment?

It is a means of paying your Sewer Fees by allowing the company to automatically withdrawal the amount from your checking or savings account.

What are the benefits?

Having automatic payment is the most convenient way to pay your Sewer Fees. It is a **FREE** service to ensure your Sewer Fee payment will be made on time.

How do I authorize the Automatic Payments?

Complete the authorization form below, send it, with a "VOIDED" check or a statement from your financial institution with the routing number and account number on it to the address below.

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 balance.

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

Contact Fountain Hills Sanitary District and request in writing to cancel your automatic payment (with your signature). Please allow up to 10 business days to cancel your automatic payment.

PLEASE NOTE: Your voided check, or a statement from your financial institution with your name, account number, and routing number are needed in order to set up your Automatic Payment. The information is kept confidential.

Fountain Hills Sanitary District

16941 E. Pepperwood Circle
Fountain Hills, AZ 85268-2901

Phone: (480) 837-9444 E-Mail: fhds@az-fhds.gov

www.az-fhds.gov

Authorization for Automatic Payment

CUSTOMER INFORMATION

FHSD Book Number: _____ FHSD Account Number: _____

Customer Name: _____

Service Address: _____

Telephone: (_____) _____
Street City State Zip

Mailing Address: _____
(If different than above) Street City State Zip

Email Address: _____

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

Financial Institution Name: _____

Bank Routing Number: _____

Bank Account Number: _____

Type of Account: Checking Savings

Print Name: _____

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

IMPORTANT: Return this form with a voided check or a statement from your financial institution with the Routing and Account Numbers on it to:

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