

**How does Surepay work?**

*You will receive your bill just as in the past. The amount due will be automatically paid from your bank account. Record the amount in your bank book register. The Surepay transaction will be shown on your bank statement like any other transaction.*

**How do I sign up?**

*If you have good credit history with us and you have a bank account, simply complete a Surepay Authorization Agreement and return it. We'll do the rest!*

- NETBILL Online Bill Pay—Customer Sign Up Guide
- Monthly Sewer Charge Calculation—“Winter Quarter Averaging”
- Sewer System FAQs
- Surepay Plan
- Water & Trash Rates/Regulations
- Water Consumption

**For More Information**

**Airport Accounts**

(928) 764-3330

**District 7 Assessments**

(928) 855-2116 ext. 4145

**HR-Employee Benefit Trust**

(928) 453-4143

**Sewer Loan Accounts**

(928) 855-2116 ext. 4117

**Water-Sewer-Trash Accounts**

(928) 453-4146

Fax (928) 855-5327

Toll Free (888) 546-4146

**Lake Havasu City**

Finance Department  
2330 McCulloch Blvd. N.  
Lake Havasu City, AZ 86403

Email: [finance@lhcaz.gov](mailto:finance@lhcaz.gov)



*Home of the  
London Bridge*

Answers to your questions about...

***Surepay Plan  
Authorization Agreement  
For Electronic Bank Drafts***

***Choose Surepay to  
automatically pay your bill!***

- Airport Account*
- District 7 Assessment*
- HR-Employee Benefit Trust*
- Sewer Loan Account*
- Water-Sewer-Trash Account*

***Save Time, Money, & Worry!***

**[www.lhcaz.gov](http://www.lhcaz.gov)**

**FAQs**

**When will my Surepay draft begin?**

*The city must receive your Surepay Authorization Agreement at least 10 working days prior to your billing date for the electronic draft to occur with your next billing statement.*

**What if I have a question about the amount recorded on my bank statement?**

*Contact your bank immediately.*

**What if I have insufficient funds in my account?**

*Your bill will not be paid. You will be subject to the same charges as insufficient checks.*

**What if I disagree with my bill?**

*Contact the city immediately.*

**What if I want to discontinue using the Surepay Plan once I've enrolled?**

*Notify the city in writing of your desire to cancel Surepay on your account.*



LAKE HAVASU CITY  
Surepay Authorization Agreement

**Your Customer Information**

**Billing Info.**

Name(s) (please print) \_\_\_\_\_

Billing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

**Your City Account**

*Auto draft from the following bank accounts*

<input type="checkbox"/> Airport Account	Customer Number _____	Checking <input type="checkbox"/> < check one >	Savings <input type="checkbox"/>	Effective date _____
<input type="checkbox"/> District 7 Assessment	_____	<input type="checkbox"/> < check one >	<input type="checkbox"/>	_____
<input type="checkbox"/> Employee Benefit Trust	_____	<input type="checkbox"/> < check one >	<input type="checkbox"/>	_____
<input type="checkbox"/> Sewer Loan Account*	_____	<input type="checkbox"/> < check one >	<input type="checkbox"/>	_____

\*Property Address: \_\_\_\_\_

Water-Sewer-Trash\*\*  < check one >

\*\*Utility Address: \_\_\_\_\_

**Your Bank Account**

Bank Account Number \_\_\_\_\_

Attach a voided check.

Checking Account \_\_\_\_\_

Savings Account \_\_\_\_\_

Bank Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Branch Telephone No. \_\_\_\_\_

Routing Number \_\_\_\_\_

*If unknown, call your bank for the number.*

**Your Bank Info.**

**Customer Authorization**

I hereby authorize Lake Havasu City (LHC) to initiate debit/credit entries and adjustments to my bank account as shown above until revoked by me in writing to Lake Havasu City, c/o Customer Service, 2330 McCulloch Blvd. N., Lake Havasu City, AZ 86403-5950. I understand that I must contact LHC concerning bill discrepancies prior to the scheduled draft date. LHC will have 30 days to change my billing.

I understand LHC reserves the right to terminate my participation in the Surepay Plan. I understand that LHC may impose a nominal processing fee if a bill is not paid by my financial institution.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

FIN-09, 11/07/06

PLEASE RETURN THIS SIGNED AGREEMENT TO LAKE HAVASU CITY  
c/o Customer Service, 2330 McCulloch Blvd. N., Lake Havasu City, AZ 86403-5950

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