



# LAKE HAVASU CITY Surepay Authorization Agreement

## Your Customer Information

<b>Billing Info.</b>	Name(s) (please print) _____
	Billing Address _____
	City, State, Zip _____
	Telephone Number _____

## Your City Account

	<u>Customer Number</u>	<u>Checking</u>	<u>Effective date</u>
<input type="checkbox"/> Airport Account	_____	<input type="checkbox"/>	_____
<input type="checkbox"/> District 7 Assessment	_____	<input type="checkbox"/>	_____
<input type="checkbox"/> Employee Benefit Trust	_____	<input type="checkbox"/>	_____
<input type="checkbox"/> Sewer Loan Account*	_____	<input type="checkbox"/>	_____
*Property Address:	_____		
<input type="checkbox"/> Water-Sewer-Trash**	_____	<input type="checkbox"/>	_____
**Utility Address:	_____		

## Your Bank Account

	<u>Bank Account Number</u>	
<input type="checkbox"/> Checking Account	_____	<i>Attach a voided check.</i>
<b>Your Bank Info.</b>	Bank Name	_____
	Address	_____
	City, State, Zip	_____
	Branch Telephone No.	_____
	Routing Number	_____

## 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, 3/2/23

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