

What is an Automatic Payment?

It is a means of having your bank automatically deduct your Sewer Fees from your bank account.

What are the benefits?

Having automatic payment is the most convenient way to make your Sewer payments. You will save time, and you will not have to remember to write a check. You will know your Automatic Payment will be on time.

How do I authorize the Automatic Payments?

Complete the authorization form that is part of this brochure. Send it, along with a blank check on which you have written "VOID", to the address at the bottom of the authorization form. When your bank starts deducting your payments, they will be itemized on your bank statements.

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 amount due.

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 autopay (with your signature).

You need to be aware that it will take 30 days to discontinue electronic debits, so there may be one more automatic payment deduction before you start receiving statements.

PLEASE NOTE: Your voided check, bank name, and account number are needed in order to set up your Automatic Payment. The information will be kept confidential.

Tear along this line

Fountain Hills Sanitary District

16941 E. Pepperwood Circle

Fountain Hills, AZ 85268-2901

Phone: (480) 837-9444 Fax: (480) 837-0819 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:	_____		
	Street	City	State Zip
Telephone: ()	_____		
Mailing Address:	_____		
(If different than above)	Street	City	State Zip
Email Address:	_____		

I authorize the following financial institute to accept the fund 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: _____

Bank Account Number: _____

Type of Account: Checking ☐ Savings ☐

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

IMPORTANT: Return this form and a voided check to:

Fountain Hills Sanitary District

16941 E. Pepperwood Circle

Fountain Hills, AZ 85268-2901