



11821 W Picture Rocks Rd
Tucson, AZ 85743
Phone: 520-682-7331 Fax: 520-682-8933

**AUTHORIZATION AGREEMENT FOR AUTOMATIC
CREDIT CARD/DEBIT CARD PAYMENTS**

CUSTOMER NAME (as shown on your bill): _____

CUSTOMER NUMBER: _____

I (we) hereby authorize *Avra Water Co-op, Inc.* to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) Credit card indicated below.

All Auto pays are processed 5 days before the due day unless an earlier day is requested.

Is there an earlier day of the month you would like Auto Pay processed? _____

Would like to have an email sent to you instead of a paper bill? Yes No

Email and a paper bill Yes No

Email Address: _____

Please debit my Debit or Credit Card.

() CREDIT CARD: MasterCard Visa Discover American Express (Circle One)

Card Number: _____ CCV No. _____

Expiration Date: _____

This authorization is to remain in full force and effect until Avra Water Co-op, Inc. has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Avra Water Co-op, Inc. a reasonable opportunity to act on it.

Signed _____ Spouse _____

Date _____ Phone _____

Incomplete or incorrect forms will delay the processing of your Auto Pay request