



**Avra Water Co-op**  
Picture Rocks  
11821 W. Picture Rocks Road  
Tucson, AZ 85743-9376  
Phone: 520-682-7331 Fax: 520-682-8933

**AUTHORIZATION AGREEMENT FOR ELECTRONIC  
PAYMENT TRANSFER**

**CUSTOMER NAME** (as shown on your bill): \_\_\_\_\_

**CUSTOMER NUMBER:** \_\_\_\_\_

I (we) hereby authorize *Avra Water Co-op, Inc.* and the financial institution designated on this application to charge the account I have specified for payment of my monthly water bill. Attached is a voided check or savings account slip.

**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 Checking account or Savings Account.

Name ( as shown on checking or savings Account): \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_ Routing Number: \_\_\_\_\_

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 signed \_\_\_\_\_ Phone \_\_\_\_\_

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