

## Authorization for SurePay Automatic Bill Payment Service

Residential account(s)

Commercial account(s)

### Please check to authorize 10-Day SurePay:

- I would like to save one percent on the energy and delivery services provided by SRP. I authorize SRP to arrange a **10-Day SurePay** Automatic Payment Service for me and to initiate electronic fund transfers to pay the full electric bill for the customer named below.

I understand that amounts billed by SRP for any other generation suppliers will not be subject to SRP's 1 percent discount, but will still be withdrawn from my account.

Customer name \_\_\_\_\_ SRP account no.(s) \_\_\_\_\_

\_\_\_\_\_  
(List additional accounts on a separate sheet)

Service address \_\_\_\_\_  
Street City State Zip

Mailing address \_\_\_\_\_  
(If different from service) Street City State Zip

I also authorize the following financial institution to accept the fund transfers and charge my checking or savings account shown below to pay SRP electric bills or to credit my account if it is necessary to make correction. This authorization is in effect until I cancel it by contacting SRP in writing or by phone.

Financial institution \_\_\_\_\_

Payer name \_\_\_\_\_ Telephone \_\_\_\_\_  
(Name on bank account)

Routing and account number \_\_\_\_\_  
(Include all numbers from the lower left side of your check. And please remember to include a **voided check**.)

Type:  Checking  Savings

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Signature required for processing. Must be authorized signer on bank account)

- (Optional) Please deduct the following amount for Project SHARE in addition to my bill amount:

\$ \_\_\_\_\_ (Project SHARE helps individuals and families in need pay their electric bills)

Complete this form and fax it to SRP at (602) 302-9722 along with a copy of a voided check. Or, mail it along with voided check to: **SRP, SurePay Administration, PAB 136, P.O. Box 52025, Phoenix, AZ, 85072-2025**

