

# AUTHORIZATION FOR RESIDENTIAL SUREPAY AUTOMATIC BILL PAYMENT SERVICE

Customer name: \_\_\_\_\_

SRP account number: \_\_\_\_\_

(Area code) Daytime phone: \_\_\_\_\_

Service address: \_\_\_\_\_

City, state, ZIP: \_\_\_\_\_

Mailing address (if different from above): \_\_\_\_\_

I authorize SRP to arrange a SurePay Automatic Payment Program Service for me and to initiate electronic fund transfers to pay the full electric bill for the customer named above.

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 corrections. To cancel this authorization, I will contact SRP in writing or by phone.

**Financial institution:** \_\_\_\_\_

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

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

**Type:**  **Checking**  **Savings**

**Bank routing and account numbers:**

(For checking accounts, please include all numbers from the lower left side of your check. And **remember to include a voided check.** For savings accounts, please contact your financial institution for the correct routing and account numbers.)

(Optional) List three dates, between the 1st and 28th of each month, when you prefer to pay your electric bill.  
1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
(Due date availability is dependent on your scheduled read date and all requested dates may not be available.)

(Optional) Please deduct the following amount for Project SHARE in addition to my bill amount:  
\$ \_\_\_\_\_ (SHARE — Service to Help Arizonans with Relief on Energy)

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 a voided check to **SurePay Processing PAB136, SRP, P.O. Box 52025, Phoenix, Ariz., 85072-2025.**



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