

YES, I WANT TO SIGN UP FOR SUREPAY!

Customer Name and Title _____

Business Name _____

SRP Account Number(s) _____ / _____ / _____

(Area Code) Daytime Phone _____

E-mail Address (optional) _____

Service Address _____

City, State, ZIP _____

Mailing Address (if different from above) _____

I authorize SRP to arrange a SurePay Automatic Payment Program 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.

Payer Name _____

(Name on bank account.)

Signature _____ **Date** _____

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

Financial Institution _____

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.)

List three dates, between the 1st and 28th of each month, when you prefer to pay your electric bill.**

1. _____ 2. _____ 3. _____

(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, PAB136, P.O. Box 52025, Phoenix, AZ 85072-2025.**

**The 29th, 30th, and 31st can't be chosen as due dates, and some other dates may be unavailable depending on the date your meter is read.