QUEEN VALLEY SANITARY DISTRICT 281 W. Monte Vista Dr Queen Valley, Arizona 85118 520-463-2903 Website: queenvalleysanitary.com Email: qvsdfrontdesk@hotmail.

ELECTRONIC BANK DRAFT AUTHORIZATION

I authorize <u>Queen Valley Sanitary District</u> to initiate either an electroprocess a demand draft against my bank account according to the te	
I acknowledge that the origination of ACH transaction to my account provisioning of United States law.	nt must comply with the
Terms of Billing	
Starting on and on the of each month followi	ng through month/day/year
Or until I cancel, for \$50.00 a month.	
Account Information	
Name on Account (sewer bill)	Account #
Service Address:	Phone #
Email:	
Bank Account Information:	
Bank Name:	
Routing Number:	
Account Number:	
Account Type: Checking Savings	

This payment authorization is to remain in full force and effect until I ______, notifies **Queen Valley Sanitary District** of its cancellation by sending written notice in such time and in such manner to allow both the Queen Valley Sanitary District and receiving financial institution a reasonable opportunity to act on it.

Signature:	Date:	
Printed Name:		