



Sun Valley General Improvement District
 5000 Sun Valley Boulevard
 Sun Valley, NV 89433-8229
 Phone: (775) 673-2220
 Fax: (775) 673-1835

**AGREEMENT FOR
 PREAUTHORIZED PAYMENT OF WATER/SEWER BILLS**

*****Voided Check and Copy of ID Required*****

The undersigned customer of Sun Valley General Improvement District (SVGID) hereby authorizes the SVGID to initiate debit entries to his/her below-designated bank account at the below-named depository. *(Please provide a voided check as verification of your bank account.)*

Company Name: Sun Valley General Improvement District

Company ID #: 88-0102296

CUSTOMER INFORMATION

Customer's Name: _____ (please type/print)
 Service Address: _____ Sun Valley NV 89433
 Mailing Address: _____
 (if different) _____ City State Zip
 Preferred method of contact? Home Phone: _____ Cell Phone: _____ Work Phone: _____

BANK INFORMATION

New Information

Updated information

Customer's Bank Name: _____
 Bank's Electronic Routing #: _____ Customer's Bank Account #: _____

I certify that the information that I have provided is true and correct to the best of my knowledge. By requesting this service and initialing below I agree to the following terms:

1. _____ The amount of the bill varies month to month, based on the customer's usage; thus, he/she will receive the bill as usual and such bill will be notification of the **amount** to be deducted.
2. _____ The **date** the money will be deducted from the customer's account will be the same as the **due date** that is printed on the bill. This date varies two or three days each month due to the schedule for reading meters. The customer will need to note this date upon receipt of bill.
3. _____ No payment arrangements will be permitted as the automatic withdrawal is based on the original due date.
4. _____ Should the customer not have sufficient funds to cover the payment, it will be treated as a Returned Check.
5. _____ The District's charge for returned checks is \$25 and that plus the amount of the check must be paid in cash at the office.
6. _____ This Agreement will stay in force until written notification has been given to cancel this agreement or until such time that the bank account is closed.

Applicant signature: _____ Date: _____

OFFICE USE ONLY

Customer #: _____ - _____ Cycle #: _____ Voided Check Copy of ID
 _____ Next Due Date: _____ / _____ / _____ * must be at least two weeks after application for auto-withdrawal is submitted
 Taken by: _____ Date: _____

BACK OFFICE USE ONLY

Description note Bank Acct # entry Bank Routing # selection Prenote (CH) Transfer Prenote to bank
 Entered by: _____ Date: _____ Add comment Commit Prenote batch Date: _____