



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 UTILITY BILL

*****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: _____ Phone #: _____

Service Address: _____ Sun Valley, NV 89433

Mailing Address: (if different) _____

_____ 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 signing below I agree to the following terms:

1. The amount of the bill varies each 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, as well as the **date** it will 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 each month due to the schedule for reading meters). The customer will need to note this date upon receipt of bill. The prenote is sent to the bank (2) business days **prior to** the due date; therefore, no changes can be made to the amount deducted once this process begins.
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. The District's charge for returned checks is \$25 which would have to be paid plus the amount of the check via cash, money order or debit/credit card should a Returned Check occur on customer's account.
5. 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: _____

FOR OFFICE USE ONLY

Customer #: _____ Cycle #: _____ Voided Check _____ Copy of ID _____

Next Due Date: ____/____/____ * must be at least two weeks from application date

Taken by: _____ Date: _____

Entered by: _____ Date: _____

Revised 04/08/20