



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 signing 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: \_\_\_\_\_