

ED4

Budget Payment Plan

Recurring Payment Authorization Form

GENERAL INSTRUCTIONS

- Please type or print clearly on the form.
- Please make a copy of your form for your records.

SPECIFIC INSTRUCTIONS

- Only use one payment method, either ACH Checking Account or the Credit Card authorization form, but not both.
- All customer and banking information must be completed.

ACH DEBIT INFORMATION

- You can obtain your bank details either directly from your bank or from the bottom of a check linked to the account you wish to use.
- **Account Number:** Must be no more than 17 digits.
- **Routing/Transfer Number:** Must be exactly 9 digits.
- Please ensure all bank numbers are entered without hyphens or special characters.
- Remember to attach a voided check from the bank account you want debited.

CARD INFORMATION

- The card details can be obtained from your bank or credit card statement.
- Ensure all required fields are completed accurately.

SIGNATURE

- The Payment Authorization Form must be signed by the individual authorized to issue checks from the account for ACH or the primary credit card holder for Credit Card.

IMPORTANT INFORMATION

- ACH payments cannot be processed from savings accounts or Canadian banking institutions. Please provide a valid U.S. checking account.
- If you wish to switch your payment information, you must submit a revised Payment Authorization Form.

If you have any questions, please contact the District Office at:

Phone: 520-466-7336

Fax: 520-466-7778

Email: payments@caidd.com

Send completed form with a voided check (if applicable) to:

231 S Sunshine Blvd

Eloy, AZ 85131

Email: payments@caidd.com

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This authorization form will remain in effect until either canceled in writing or an updated form changing the information is submitted to the following address:

Electrical District No. Four
231 S Sunshine Blvd
Eloy, AZ 85131
Phone: 520-466-7336
Fax: 520-466-7778

Bank Information	
Bank Name:	
Bank Routing Number (9 digit ABA#): / / / / / / / / /	
Bank Account Number: / / / / / / / / / / / / / /	
Name as it appears on the account:	
Customer Information	
Service Provider: Electrical District No. Four (ED4)	
Account Number:	
Name as it appears on the account:	
Email Address:	
*** A voided check must accompany this form ***	

I hereby authorize ED4 to automatically withdraw from my Checking Account the amount needed to maintain a positive balance on my water account and to make deposits if necessary for error correction. I authorize the Financial Institution named above to accept such transactions initiated by ED4. The withdrawal shall be made from my account on an as needed basis to maintain a positive balance. I am aware of my right to stop a withdrawal by notifying ED4 at any time up to three (3) business days before the withdrawal date. If an erroneous withdrawal occurs and I notify the Financial Institution of the error within 60 days of the issuance of my account statement, the institution must investigate and resolve the error within 45 days of notification. If the error is not resolved within the first 10 business days following receipt of my notification, my account shall be recredited for the amount in question until the investigation is completed. (Condensed for Regulation E, Electronic Fund Transfer Act for the consumer's protection. For more information, contact your Financial Institution.)

Signature: _____ Date: _____

Internal Use Only

Status	Date	Initials	Notes
Received			
Entered			<input type="checkbox"/> Scanned
Reviewed			

This section is for internal tracking purposes only and should not be shared externally.

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231 S. Sunshine Blvd
Eloy, AZ 85131
Phone: 520-466-7336
Fax: 520-466-7778

Card Information	
Financial Institution Name:	
Is this a Credit or Debit Card: <input type="checkbox"/> Credit <input type="checkbox"/> Debit	
Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> Discover	
Card Number: / / / / / / / / / / / / / / /	
Expiration Date:	
Name as it Appears on the Card:	
Customer Account Information	
Service Provider: Electrical District No. 4 (ED4)	
Account Number:	
Name as it appears on the Account:	
Phone Number:	
Email Address:	
*** Credit Card to be verified by District Staff (Excludes Phone Orders) ***	

I hereby authorize ED4 to automatically withdraw from my Credit Card the total amount due on my billing statement and to make deposits if necessary for error correction. I authorize the Financial Institution named above to accept such transactions initiated by ED4. The withdrawal shall be made from my credit card on the 10th day of the month. I am aware of my right to stop a withdrawal by notifying ED4 at any time up to three (3) business days before the withdrawal date. If an erroneous withdrawal occurs and I notify the Financial Institution of the error within 60 days of the issuance of my account statement, the institution must investigate and resolve the error within 45 days of notification. If the error is not resolved within the first 10 business days following receipt of my notification, my account shall be re-credited for the amount in question until the investigation is completed. (Condensed for Regulation E, Electronic Fund Transfer Act for the consumer's protection. For more information, contact your Financial Institution.)

Signature: _____ Date: _____

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