

ED4

Recurring Credit Card Payment Authorization Form

GENERAL INSTRUCTIONS

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

SPECIFIC INSTRUCTIONS

- All customer and card information must be completed.

CARD INFORMATION

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

SIGNATURE

- The form must be signed by the named person authorized to make charges to the card listed on the form.

IMPORTANT INFORMATION

- To switch to a different card, you must submit an updated Recurring Credit Card form.
- Once processed, your next billing statement will reflect this change and display "AUTO PAY".

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 to:

ED4

231 S Sunshine Blvd

Eloy, AZ 85131

Email: payments@caidd.com

ED4

Recurring Credit Card Payment Authorization Form

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:

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: _____

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.