

Budget Payment Plan

Recurring Payment Authorization Form

Electrical District No. 4 (ED4) Only

GENERAL INSTRUCTIONS

Please type or print clearly on the Payment form you choose.
Please make a copy of your application for your records.

SPECIFIC INSTRUCTIONS

Only use one payment type, either the **ACH** Checking Account or the **Credit Card** authorization form, but not both. All customer, banking or credit card information must be completed.

ACH Debit Information

The bank information can be obtained from your bank or at the bottom of the check from the account you wish to be debited. Account number should not exceed 17 digits. The Bank Routing Number requires 9 digits. Omit hyphens in your bank numbers.

Remember to attach a voided check from the bank account you want debited.

Credit Card Information

The Credit Card information can be obtained from your provider, your credit card statement or the credit card itself. Ensure that all fields are filled out completely. The billing address and zip code is the address that the card statement is mailed to.

Signature

The Payment Authorization Form must be signed by either the named person authorized to sign for checks drawn on the account if selecting the ACH form or the primary account holder of the credit card if selecting the credit card form.

IMPORTANT INFORMATION

You must submit a revised **ACH** or **Credit Card** Form if you wish to change from one banking account to another or to change from one credit card to another. You must continue making normal payments using the method in use until you receive confirmation authorizing the change and the effective date of the change.

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

PO BOX 605

Eloy, Az 85131

Phone: 520-466-7336

FAX: 520-466-7778

Email: payments@caidd.com

Mail the completed Form with a voided check (if applicable) to:

PO BOX 605

Eloy, Az 85131

Budget Payment Plan Recurring Payment Authorization Form Electrical District No. 4 (ED4) Only

ACH Budget Payment Plan Authorization form for ED4 only

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

PO Box 605
Eloy, Az 85131
PHONE: 520-466-7336
FAX: 520-466-7778

Checking Account Bank Information (ACH)	
Bank Name:	
Address1:	
Address2:	
City/State/Zip:	
Contact Person:	Phone: () -
Is this a checking or savings account?:	
Bank Routing Number (9 digit ABA#): / / / / / / / / / /	
Bank Account Number: / / / / / / / / / /	
Name as it appears on the account:	
ED4 Customer Information	
Service Provider: Electrical District No. 4	
Account Number:	
Service ID:	
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 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 account on the 10th day of the month or the following business day after a holiday. 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: _____

For Internal Use Only	
Date Received:	
Date Confirmed:	Confirmed By:

Budget Payment Plan Recurring Payment Authorization Form Electrical District No. 4 (ED4) Only

Credit Card Budget Payment Plan Authorization form for ED4 only

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

PO Box 605
Eloy, Az 85131
PHONE: 520-466-7336
FAX: 520-466-7778

Credit Card Information	
Financial institution Name:	Phone: () -
Is this a credit or debit card account?:	Card type: VISA MC AMEX DISC
Credit Card Number: / / / / / / / / / / / / / /	
Credit Card Verification Code: / / / / /	Expiration Date:
Name as it appears on the credit card:	
Billing Address 1:	
Billing Address 2:	
Billing City, State, Zip Code:	
ED4 Customer Account Information	
Service Provider (Circle One): Electrical District NO. 4	
Account Number:	
Service ID:	
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 or the following business day after a holiday. 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: _____

For Internal Use Only	
Date Received:	Card Verified By:
Date Confirmed:	Confirmed By: