City of Goodyear
SurePay Application and Agreement

Return form by:

Bringing Application and Voided Check to:	Mailing Application and Voided Check to:	Faxing Application and Voided Check to:
City Hall – Finance Counter SW Corner of Van Buren & Litchfield Road in Goodyear	P.O. Box 5100 Goodyear, AZ 85338-0601	623-932-3003 Attn: Utility Department

Please Note: SurePay enrollment will appear on your utility bill after two (2) bill cycles.

Name (as shown on your City of Goodyear bill): _____

City of Goodyear Account Number: _____ - _____

Service Address: _____

Mailing Address (if different): _____

Daytime Phone Number: _____

Name and Address of Financial Institution: _____

Bank Transit Number: _____

Bank Account Number: _____

____ Checking Account (must attach Voided Check) or ____ Savings Account (must attach deposit slip)

SurePay Authorization Agreement:

I hereby authorize City of Goodyear and the financial institution designated on this application (until otherwise instructed) to charge the account I have specified for payment of my monthly City of Goodyear Utility bill. I have the right to stop automatic bill payment by notifying the City of Goodyear prior to the payment due date. I understand that a fee will be charged to my account for each payment request returned for insufficient funds. If two payment requests are returned, I may be excluded from the plan. In addition, I understand that both the financial institution and the City of Goodyear reserve the right to terminate this payment plan and/or my participation in the plan. I may discontinue my participation in the plan at any time by notifying the City of Goodyear. I recognize that it is my responsibility to promptly notify the City of any error resulting in an incorrect amount being transferred from my account to the City.

Signature: _____ Date Signed: _____

Office Use Only

Date Received: _____ Time Received: _____:_____ am / pm

Received by: _____ Completed by: _____

Utility Department
190 N. Litchfield Rd, Goodyear, AZ 85338
623-932-3015, Fax 623-932-3003, www.goodyearaz.gov

City of Goodyear

SurePay Agreement Cancellation

Return completed form by:

Visiting:	Mailing to:	Faxing to:
City Hall – Finance Counter SW Corner of Van Buren & Litchfield Road in Goodyear	P.O. Box 5100 Goodyear, AZ 85338 -0601	623-932-3003 Attn: Utility Department

Name (as shown on your City of Goodyear bill): _____

City of Goodyear Account Number: _____ - _____

Service Address: _____

Mailing Address (if different): _____

Daytime Phone Number: _____

SurePay Cancellation Authorization:

I hereby authorize City of Goodyear to stop automatic bill payment from my account for utility services. I understand if this notification is received by the City of Goodyear within four business days of the payment due date, a payment may still be charged to my account.

Signature: _____ Date Signed: _____

Office Use Only

Date Received: _____ Time Received: _____:_____ am / pm

Received by: _____ Completed by: _____

Utility Department
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