

Improvement District Services, Inc.
Administrators for the
Big Park Domestic Wastewater Improvement District
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Phone: (928) 443-9484 / Fax: (928) 443-9486 / In-State Toll Free (800) 659-7149
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Recurring Auto Withdrawal Payment Authorization Form for: Big Park Domestic Wastewater Improvement District (Big Park DWWID), commonly known as Big Park Sewer

PLEASE MAIL THIS FORM ALONG WITH A VOIDED CHECK, TO THE ADDRESS ABOVE or IT CAN BE FAXED TO 928/443-9486. EMAILED FORMS WILL NOT BE ACCEPTED. THIS FORM CANNOT BE PROCESSED WITHOUT A COPY OF YOUR VOIDED CHECK.

Forms must arrive 30 days prior to the next billing period. If they arrive later than that date, they will start on the following bill cycle.

You authorize scheduled debits to your checking or savings account. Your account will be debited the full amount due each billing period. You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive written notice from us 30 days prior to the next withdrawal.

Please complete the information below:

I _____ (customer full name) authorize Big Park DWWID (aka Big Park Sewer) to draft the account below for payment of my sewer fee. The fee amount is in accordance with the most current resolution. Each draft will occur on the 8th day of the second month of each quarter (February 8th, May 8th, August 8th, and November 8th unless that is not work day, then it will draft on the prior business day.)

Big Park Account Number _____ Service Address _____
Billing Address _____ Phone# _____
City, State, Zip _____ Email _____

Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Name on Acct _____
Bank Name _____
Account Number _____
Bank Routing # _____
Bank City/State _____
Start Date _____

Routing Number Account Number

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SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Big Park Domestic Wastewater Improvement District in writing of any changes in my account information, or termination of this authorization **at least 15 days prior to the next billing date**. In the case of an ACH Transaction being rejected, for any reason, I understand that I will be charged a **\$40.00 fee for each returned ACH**. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

PLEASE COMPLETE ONLY IF NOT THE LEGAL PROPERTY OWNER:

I understand that I am not the legal owner of this property but with the owner's consent am committing to making sewer payments via ACH. **Signature:** _____