



ELECTRICAL DISTRICT NO. 3
41630 W. Louis Johnson Drive
Maricopa, AZ 85138-5402

Customer Service (520) 424-9021
Fax (520) 494-7053
www.ed3online.org





RECURRING PAYMENT AUTHORIZATION FORM

REVISION NO. 5

EFFECTIVE: 10/06/2013

To activate your Monthly Recurring Billing Option, please complete the information below for the correct Option. ***Please either mail or fax the completed and signed form to the Customer Service Department. This authorization form will remain in effect until either canceled in writing or an updated form changing the information is submitted to ED3.***

NOTE: There is no fee to sign up or to have your payment automatically taken out each month. Payment will be withdrawn approximately ten (10) days prior to the due date of the customer's billing cycle.

OPTION 1 (Automatic Monthly deduct amount of current bill from your CHECKING ACCOUNT)			
Name of Bank			
ABA / Routing # (First number at bottom of check)			
Checking Account # (Second number at bottom of check)			
Account Name (From your bill)			
Billing ZIP Code			
Utility Account # (From your bill)			
Service Address			
Phone #			
Email Address			
*** A Voided Check Must Accompany This Form If You Choose OPTION 1 ***			
OPTION 2 (Automatic Monthly deduct amount of current bill from your CREDIT CARD / DEBIT CARD)			
Card Type	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> 		
Credit Card #			
Expiration Date			
Card Holder Name (Exactly as it appears on the card)			
Billing ZIP Code			
Security Code (3 digits on back of card / American Express 4 digits on front of card)			
Account Name (From your bill)			
Utility Account # (From your bill)			
Service Address			
Phone #			
Email Address			
<p>I hereby authorize Electrical District No. 3 ("ED3") to automatically withdraw from my bank account or credit card the total amount due on my billing statement and to make deposits if necessary for error correction.</p> <p>I authorize the Financial Institution named above to accept such transactions initiated by ED3. The withdrawal shall be made from my account on the billing cycle withdrawal date. I am aware of my right to stop a withdrawal by notifying ED3 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 sixty (60) days of the issuance of my account statement, the institution must investigate and resolve the error within forty-five (45) days of notification. If the error is not resolved within the first ten (10) business days following receipt of my notification, my account shall be re-credited for the amount in question until the investigation is completed.</p> <p>For more information, contact your Financial Institution.</p> <p>(Condensed for Regulation E, Electronic Fund Transfer Act for the consumer's protection.)</p> <p>By signing below, I hereby acknowledge and agree to the terms listed above.</p>			
Signature:		Date:	
Internal Use ONLY			
Date Received:		Date Confirmed:	
		Confirmed by:	