

SADDLEBROOKE UTILITY COMPANY

SURE PAY – AUTHORIZATION FOR AUTOMATIC PAYMENT

I (WE) HEREBY AUTHORIZE SADDLEBROOKE UTILITY COMPANY AND THE FINANCIAL INSTITUTION INDICATED BELOW TO INITIATE AND DEBIT THE AMOUNT OF MY (OUR) MONTHLY UTILITY PAYMENT.

Financial Institution: _____

Checking Account Number: _____

*****VOIDED CHECK MUST BE ATTACHED*****

This authorization is to remain in full force and effective until you have received notification from me (us) of its termination. In the event that any signature is delivered by facsimile or electronic transmission, including without limitation by e-mail delivery, of a “.pdf” or similar electronic format data file, such signature shall create a valid and binding obligation of the party executing (or on whose behalf such signature is executed) with the same force and effect as if such facsimile or “.pdf” signature page were an original thereof.

SaddleBrooke Utility Company Account #: _____

Customer Name: _____

Customer Signature: _____

Date: _____

Submit documents to one of the following:

Mail

SaddleBrooke Utility Company
9532 E Riggs Road
Sun Lakes, AZ 85248

Email

Agnes.Elsbecker@Robson.com

Fax

844-257-2297