

PINEWOOD SANITARY DISTRICT  
PO BOX 18758  
MUNDS PARK AZ 86017  
PHONE 928-286-9166 FAX 928-286-2465



### **WHAT IS SUREPAY?**

SurePay is a program where you authorize your financial institution and Pinewood Sanitary District (the District) to transfer the monthly amount shown on your quarterly sewer bill from your checking or savings account to pay your District fees. The transfer occurs around the 10<sup>th</sup> of each month.

### **WHO IS ELIGIBLE FOR SUREPAY?**

SurePay is open to all residential and business customers billed by the District. Your account must be in good standing at a \$0 balance and not subject to existing payment agreements.

### **WHAT DOES IT COST ME TO BE A PART OF SUREPAY?**

There are no sign-up fees or participation fees charged by the District. However, please verify with your financial institution, as some may charge a fee for electronic fund transfers.

### **HOW WILL I KNOW WHEN MY ENROLLMENT IN SUREPAY IS ACTIVATED?**

After your application is received by the District, notice of automatic deduction from your bank account will appear on your District bill. Continue to make payments as usual until your participation is confirmed.

### **WHAT HAPPENS IN THE EVENT OF A REJECTED PAYMENT?**

Payments may be rejected by your financial institution because of insufficient funds, closed/unauthorized accounts, or other reasons. Check with your financial institution for fees they may impose. If the automatic payment is rejected, the District will apply its authorized service charge on your next sewer bill. The District reserves the right to terminate your participation in SurePay at any time.

### **HOW DO I CHANGE INFORMATION ON MY SUREPAY ENROLLMENT?**

To change your address, call the District office. To change your bank account information, submit a new SurePay Application and Authorization to the District. Inaccurate information may result in payments being refused by your financial institution. The District will not be responsible for charges which result from inaccurate information or failure to provide the District with timely notification of changes.

### **HOW DO I CANCEL SUREPAY?**

You may cancel your participation at any time by written request sent to the District. Termination will become effective within 30 business days after the District receives your notification.

### **Additional information on cancellation of SurePay:**

Although you may cancel SurePay at any time, the cancellation may not be immediately effective. Any pending SurePay payment will be debited from your checking or savings account, even if you have closed the account. Please note that you will need to cancel SurePay before you close your checking or savings account to allow for any pending payments. You will be assessed a District service charge if the payment is rejected. SurePay will terminate immediately after the pending SurePay payment is deducted from your account.

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PINEWOOD SANITARY DISTRICT ♦ SUREPAY APPLICATION AND AUTHORIZATION

**I want to sign up for SurePay from my:**

Checking Account     Savings Account

**Include:**

- 1) Voided check if Checking selected or Savings deposit slip if Savings selected.
- 2) Completed and signed application.

To join SurePay, please complete this application and return to:

Pinewood Sanitary District  
18044 S Fairway  
Munds Park AZ 86017

**Or mail to:** Pinewood Sanitary District  
PO Box 18758  
Munds Park, AZ 86017

**\*\* ACCOUNT WILL BE DEBITED APPROX THE 10<sup>TH</sup> OF EACH MONTH\*\***

**Or you may:** Fax your application and cancelled check to (928) 286-2465

DO NOT SEND A BILL

Name on Pinewood Sanitary Account: (as it appears on your bill)	
Service Address:	
Service ID #	Daytime Phone Number:
Mailing Address:	

Financial Institution: (name and address)	
Name on Bank Account:	
Bank Routing Transit Number:	Bank Account Number:

I hereby authorize Pinewood Sanitary District and the indicated financial institution to charge my bank account for payment of my monthly sewer bill. I understand that both the financial institution and Pinewood Sanitary District reserve the right to terminate this payment plan and/or my participation in the plan at any time and/or impose applicable fees for rejected payments. I may discontinue my participation in the plan at any time by notifying the District.

Signature:	Date:
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