

Surepay Application and Agreement

- Once you enrollment is in effect, "EFT" (Electronic Funds Transfer) will appear on your bill
- Transfer from your bank account to your Liberty Utilities Account will occur on the due date listed on your bill

PLEASE PRINT

1. Name (Last)		_ (First)			
2. Account Number:					(Optional)
3. Service Address: _					
City:		_Zip code: _			
4. Mailing address (if	different):				
City:		_ Zip code: _			
Country:					
5. Telephone number	: ()	6. Email add	lress:		
7. Name of Financial	Institution:				
Bank Routing/Tran	sit Number:				
Bank Account Nun	nber:				
	Checking Account (Include Voided Check)	OR		Savings Account (Include Deposit Sli	p)

8. Surepay Authorization Agreement

I hereby authorize Liberty Utilities and the financial institution designated on this application (until otherwise instructed) to charge the account I have specified for payment of my monthly Liberty Utilities bill. I have the right to suspend or discontinue automatic bill payment by notifying Liberty Utilities 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 Liberty Utilities reserves the right to terminate this payment plan and/or my participation in the plan.

Authorized Signature:		Date:	
Please Mail or Fax your form to:	2250 S FM 2869, Ste 2		
	Hawkins, TX 75765		
	Fax: (903) 509-1506		