

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 (i	f different):			
City:		Zip code: _		
Country:				
5. Telephone number	r: ()	6. Email add	ress:	
7. Name of Financial	Institution:			
Bank Routing/Tra	nsit Number:			
Bank Account Nu	mber:			
	Checking Account (Include Voided Checking)	OR		Savings Account (Include Deposit Slip)
I hereby authorize otherwise instructe bill. I have the righ to the payment due returned for insuffi addition, I understa	d) to charge the account at to suspend or discontine date. I understand that a cient funds. If two paym	I have specificate automatic a fee will be chaent requests a al institution are	ed for bill pa narged re retu nd Lib	designated on this application (until payment of my monthly Liberty Utilities syment by notifying Liberty Utilities prio to my account for each payment request streed, I may be excluded from the plan. I perty Utilities reserves the right to
Authorized			Date:	
Please Mail or Fax	your form to: 16	6623 FM 2493	, Ste E	E

Tyler, TX 75703 Fax: (903) 509-1506