

ACH Bank Draft Payments Sign-up Form

Complete form and return with a voided check (or copy) to:

Arizona Sub Metering Solutions 8935 N 2nd Way Phoenix, AZ 85020

or you may scan and email to: info@azsubmeteringsolutions.com

Customer Information	
Name:	
Account Number:	
E-mail Address:	
Daytime Phone Number:	
Bank Information	
Bank Name:	
	Account Number:
Name on Account:	
I understand that I will receive my billing deducted in full from the authorized ac understand that it is my responsibility to h	g statement via email, and that the account balance will be count approximately fifteen days after the invoice date. I have the funds available at the time of payment submission. I reserves the right to cancel Electronic Fund Transfers due to
•	orrect, that I am an authorized signer or designate of the nd that I am authorized to provide this information.
_	ons to deduct my utility (water) payments from this bank derstand sending a written notification to Arizona Sub Meter
Print Authorized Name	
Authorized Signature	Date