



AUTHORIZATION FOR SURE PAY

Please fill out the form below and mail/deliver to the City of Arcadia:

Customer Name: _____

Service Address: _____

City: _____ State: ____ Zip Code: _____

Daytime Phone Number: (____) ____-____

Name of Bank: _____

Branch: _____

Bank Phone Number: (____) ____-____

Utility Bill Number: _____

Bank Routing Numbers: _____ Account Number: _____

(Numbers between these symbols **I: I: on bottom of your check)**

Check Appropriate Account: Checking Savings

----- STAPLE VOIDED CHECK HERE -----

**THE APPLICATION WILL BE RETURNED IF IT IS RECEIVED
WITHOUT A VOIDED CHECK OR IF THE BANK
INFORMATION IS INCORRECT.**

Mail to: **City of Arcadia
Administrative Services Department
240 West Huntington Drive P.O. Box 60021
Arcadia, CA 91066-6021**

Your payment will be reversed by the City of Arcadia, if the payment transaction is rejected by the bank for any reason, including insufficient funds, closed, or unauthorized accounts. The payment amount, plus a \$25.00 return check charge, will be debited to your account. The City of Arcadia reserves the right to terminate your participation in SURE PAY if your payment is rejected more than once in a consecutive 12-month period.

I authorize the City of Arcadia and the bank mentioned below to initiate entries to my checking/savings account for payment of water services, paramedic membership, and sewer fees. This authorization will remain in effect until I notify the City of Arcadia, in writing, to cancel it in such time as to afford the bank a reasonable opportunity to act upon.

Signature: _____