



Utility Bill Automatic Payment Sign-up Form

City of Peoria

Customer Service Center
8401 W. Monroe St.
Peoria, AZ 85345
Phone: 623-773-7160
Fax: 623-773-7159
www.peoriaaz.gov

Customer Name: _____

Utility Account #: _____

Service Address: _____

Mailing Address: _____
(if different than service address)

E-mail Address: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____
(please include area code) (please include area code) (please include area code)

Option 1: Automatic Checking/Savings Withdrawal

Checking Account Account #: _____ Routing #: _____
A voided check must be attached Bank Name: _____ Bank Phone: _____

Savings Account Bank Address: _____
A voided deposit slip must be attached City: _____ State: _____ Zip Code: _____

After enrollment, your utility bill will display the message- "DO NOT PAY. Amount will be deducted from your bank account."

Option 2: Automatic Credit/Debit Withdrawal

Credit Card Card #: _____ Expiration Date: _____

Debit Card Card Type: Visa Master Card American Express Discover

After enrollment, your utility bill will display the message- "DO NOT PAY. Amount will be automatically charged to your credit card."

Please mail your form to: City of Peoria, ATTN: Customer Service Center, 8401 W. Monroe St., Peoria, AZ 85345,
Fax: 623-773-7159
Email: Customerservice@peoriaaz.gov

I hereby authorize and request, until otherwise instructed by the undersigned, to charge to the above referenced account, all utility charges and fees rendered against the undersigned by the City of Peoria, as stated on the utility billing statement, for the address listed above. Utility charges may include one or more of the following services: water, sewer, and solid waste.

I understand that to remain on the selected automatic payment plan, I must maintain sufficient funds in my designated account. If my designated account does not have sufficient funds, all penalties and late fees will be applied and due. All payments will be deducted within three days of the due date listed on your monthly account statement.

I understand that requests to discontinue or change this service must be made in writing and forwarded to the City of Peoria at the address listed on this form.

Print Name: _____ Date: _____
(as on financial account)

Signature: _____

E-mailed Documents Must Contain Original Signatures and All Required Documents