



E-Z Pay Application

Print and mail this application with a copy of your voided check to:

Community Water Co. of Green Valley
PO Box 1078
Green Valley, AZ 85622-1078

E-Z Payment Plan Agreement

To join the E-Z Payment Plan, print this form and complete, attach a voided check or savings deposit slip and mail to Community Water Company. A notice of your enrollment in the E-Z Payment Plan will appear on your bill. Please continue to make payments until this notice appears.

I hereby authorize Community Water Company and the financial institution designated on this application to charge the account I have specified for payment of my monthly water bill. I have the right to stop payment of a charge by notifying Community Water Company within five days of the billing date. I understand that a fee will be charged to my account for each request returned for insufficient funds. If two requests are returned for insufficient funds, I may be excluded from the plan. In addition, I understand that both the financial institution and Community Water Company reserve the right to terminate this payment plan and/or my participation therein.

Should I choose to withdraw from the plan, I will immediately notify the Company.

Customer name: _____

Mailing address: _____

Account # : _____ *Service Address:* _____

Transit Number: _____ *Bank Name* _____

Bank Address: _____

Bank Phone Number _____ *Checking* ___ *or Saving* ___

Please attach a voided check. Phone number to reach you _____

Customer Signature _____ *Date:* _____

Any questions please call (520) 625-8409 or review our [frequently asked questions](#).