



**SAFE • LOCAL • SUSTAINABLE**

# Community Water Company of Green Valley

## EZPAY Application

Email signed application with a copy of your **check** to:

Email: [billing@communitywater.com](mailto:billing@communitywater.com)  
Phone: (520) 625-8409  
Web: [www.communitywater.com](http://www.communitywater.com)

**Note:** Please do not send a deposit slip as they typically do not have the correct bank routing number.

A notice of your enrollment into the EZPay Payment Plan will appear on your bill. Please continue to make payments until the amount due portion of the bill has the words EZPAY.

### EZPAY Payment Plan Agreement

I hereby authorize Community Water Company of Green Valley 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 any reason. If two requests are returned, I will 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:** \_\_\_\_\_

**Water Account #:** \_\_\_\_\_

**Service Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

Please attach voided check here

**Customer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

☞ Please attach either a copy or actual voided check ☞

☞ 7/30/2020 ☞