

# Recurring Credit Card Payment Authorization Form

ED4/ED5

## GENERAL INSTRUCTIONS

Please type or print clearly on the form.

**Please make a copy of your application for your records.**

## SPECIFIC INSTRUCTIONS

All customer and banking information must be completed.

### **Credit Card Information**

The bank information can be obtained from your bank or your credit card statement. Ensure that all fields are filled out completely. The billing address and zip code is the address that the card statement is mailed to.

### **Signature**

The Form must be signed by the named person authorized to make charges to the credit card listed on the form.

## IMPORTANT INFORMATION

You must submit a revised Recurring Credit Card Form if you wish to change from one credit card to another. You must continue making normal payments using the method in use until you receive confirmation authorizing the change and the effective date of the change. This will be indicated on your next billing statement and will state "AUTOPAY".

If you have any questions, please contact the District Office at:

PO BOX 605

Eloy, Az 85131

Phone: 520-466-7336

FAX: 520-466-7778

Email: [payments@caidd.com](mailto:payments@caidd.com)

### **Mail the completed Form to:**

**PO BOX 605**

**Eloy, Az 85131**

This information can also be submitted securely online at [WWW.CAIDD.COM](http://WWW.CAIDD.COM)

# Recurring Credit Card Payment Authorization Form

ED4/ED5

This authorization form will remain in effect until either canceled in writing or an updated form changing the information is submitted to the following address:

PO Box 605  
 Eloy, Az 85131  
 PHONE: 520-466-7336  
 FAX: 520-466-7778

Credit Card Information	
Financial institution Name:	Phone: (    )    -
Is this a credit or debit card account?:	Card type: VISA MC AMEX
Credit Card Number:    /    /    /    /    /    /    /    /    /    /    /    /    /    /	
Credit Card Verification Code:    /    /    /    /    /	Expiration Date:
Name as it appears on the credit card:	
Billing Address 1:	
Billing Address 2:	
Billing City, State, Zip Code:	
Customer Account Information	
Service Provider (Circle One):    ED4    ED5	
Account Number:	
Service ID:	
Name as it appears on the account:	
Phone Number: (    )    -	
Email Address:	
<b>*** Credit Card to be verified by District Staff (Excludes Phone Orders) ***</b>	

I hereby authorize ED4/ED5 to automatically withdraw from my Credit Card the total amount due on my billing statement and to make deposits if necessary for error correction. I authorize the Financial Institution named above to accept such transactions initiated by ED4/ED5. The withdrawal shall be made from my credit card on the 10<sup>th</sup> day of the month or the following business day after a holiday. I am aware of my right to stop a withdrawal by notifying ED4/ED5 at any time up to three (3) business days before the withdrawal date. If an erroneous withdrawal occurs and I notify the Financial Institution of the error within 60 days of the issuance of my account statement, the institution must investigate and resolve the error within 45 days of notification. If the error is not resolved within the first 10 business days following receipt of my notification, my account shall be recredited for the amount in question until the investigation is completed. (Condensed for Regulation E, Electronic Fund Transfer Act for the consumer's protection. For more information, contact your Financial Institution.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Internal Use Only	
Date Received:	Card Verified By:
Date Confirmed:	Confirmed By: