



Automatic Payment Plan Application

I authorize the City of West University Place to deduct the amount of my monthly utility bill from my account with the financial institution named below. I understand that I may discontinue enrollment in the automatic payment plan at any time by sending my request **in writing** to the City of West University Place. I also understand that, as an automatic payment plan customer, I will continue to receive my monthly utility bill for review only. I agree that my financial institution and the City of West University Place have the right to terminate this payment plan or my participation in it.

Name shown on your utility bill: _____

Service address: _____

Utility Account Number: _____

Home phone number: _____ **Work number:** _____

Financial Institution's Name: _____

Bank ABA (Routing) Number: _____

(NOTE: If you bank with a credit union, please call them for the ACH ABA number; it is usually different than the one printed on your check.)

Bank Account Number: _____

Type of account: **Checking** **Savings**

Signature: _____ **Printed name:** _____

Please attach a check marked VOID from the above account. Allow 3-4 weeks for the account to become active. Continue to pay by check until your bill says "BANK DRAFT."

Return this application and the voided check to:

City of West University Place
 Attn: Automatic Payment Plan
 3800 University Blvd
 West University Place, TX 77005-2899

OFFICE USE:

Entered into Innoprise by _____ Date _____

Verified by _____ Date _____

REVISED July, 2013

