AUTOMATIC PAYMENT PLAN APPLICATON

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 service 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 (as it shows on bill): _____

Service Address: _____

Utility Account No: _____

Best Phone No: _____ Email Address: _____

Financial Institution's Name: _____

Bank ABA (Routing) No: _____Bank Account No: _____

Note: If you bank with a credit union, please call them for the ACH/ABA number; it's usually different than that printed on your check.

Type of Account: Checking ☐ Savings ☐

Signature: _____ Date: _____

- Please include a check marked VOID from the above account or a printed version of your routing & account #'s.
- Please allow 3-4 days for staff to enter into the system.
- Please continue to pay by check until your bill says ****DO NOT PAY****

- ***NOTE: this type of payment can only be completed internally by a West U staff member, you are unable to update/delete this information online; please contact us if a change needs to be made.***

CONTACT US:

- Utility Billing: 713.662.5824
- Customer Service: 713.662.5826

Options to return this application and the voided check:

- Dropping off in person at City Hall or place in the drop box located on Amherst next to the Fire Station
- Emailing to: billinghelp@westutx.gov
- Mailing to City Hall: City of West University Place
  Attn: Automatic Payment Plan
  3800 University Blvd
  West University Place, TX 77005

OFFICE USE: Date Received: _____ Employee: _____

Revised 02.08.19