



OPTIONAL

AUTOMATIC PAYMENT AGREEMENT

Account Name: _____ Date of Request: _____

Service Address: _____

Email: _____ Phone: _____

Financial Institution Information

Name(s) on Account: _____

Bank Name: _____

Account Number: _____ Routing Number: _____

Account Type:

Savings Checking

*The City is not responsible for any errors or fees incurred due to inaccurate information provided by the account holder.

By signing the application, the account holder agrees to the following conditions:

- I hereby authorize the City of Cibolo to automatically charge my account once per calendar month, on the due date or business day prior should the due date fall on a weekend or holiday, for the amount due on my monthly utility account. I understand that the amount of my monthly utility bill varies based on monthly consumption and current rates. I also understand that I will continue to receive a monthly utility bill, with the withdrawal date printed on the utility bill.
- This procedure will remain in place unless or until I give the City of Cibolo written notice that I elect to terminate this service.
- I further authorize a \$25.00 charge to my account in any case in which the automatic charge is rejected because my specified account has either been closed or there are insufficient funds to cover the charges owed. After two (2) incidents, I will be terminated from automatic payments and placed on a CASH ONLY basis.
- I agree to give the City of Cibolo prompt written notice of any changes to my account and understand that Cibolo must receive notice no later than 5 days prior to the draft date, to avoid any processing issues.
- The City of Cibolo has the right to terminate automatic payment service at any time with written notice to the account holder. This agreement will remain in effect until cancelled by either party.

This agreement authorizes the City of Cibolo to automatically deduct the balance of my utility account from the bank account listed below for the service address listed above. I declare that the account number given belongs to me, and that any changes to or cancellation of the automatic payment plan will be made strictly by me.

Signature: _____