



ACH Authorization/Stop Form

3815-B Sachse Rd, Sachse, TX 75048
Office: 469-429-4763 Fax: 972-495-9356
Email: Utilitybilling@cityofsachse.com

Today's Date: _____ Utility Customer Name: _____

Utility Account #: _____ Service Address: _____

Daytime Telephone Number: _____ E-mail Address: _____

Authorization

I (We) have read the terms and conditions and hereby request and authorize the City of Sachse to initiate entries to my checking/savings account(s) at the financial institution listed below and, if necessary, initiate adjustments for any transactions credited in error. This authority will remain in effect until the City of Sachse is notified by me (us) in writing to cancel it in such time as to afford the City of Sachse and the financial institution a reasonable opportunity to act.

Name of Financial Institution: _____

Address of Financial Institution: _____

Financial Institution Routing Number: _____

Type of Institution Bank Credit Union Savings & Loan Other

Checking Savings Bank Account Number: _____

Not VALID without signature.

Driver's License Verification may be requested.

Signature: _____ Effective Date: _____

Stop

I hereby request and authorize the City of Sachse to stop the automatic bank draft for payment of my utility bill.

Not VALID without signature.

Signature: _____ Effective Date: _____

**Please attach VOIDED check here
(Must be attached in order to process your request)**



ACH Authorization/Stop Form Terms and Conditions

I understand I am responsible for contacting my financial institution prior to submitting the ACH Authorization Form to ensure the institution's participation and possible applicable fees.

I understand it may take one or more billing cycles before the automatic deduction will be effective. I will continue to pay my current bill with check, cash, money order or credit card until my statement reflects: "BANK DRAFT - DO NOT PAY."

I understand I will be charged an insufficient fund fee by the City if applicable. The City will remove my account from ACH draft if two (2) insufficient fund notifications occur within a 12 month period. Upon removal, I will be ineligible to participate in ACH draft for the next 12 months.

I understand the total amount of my bill will be deducted from my checking account on the 15th of each month (unless the 15th falls on a weekend or holiday, in which, it will be deducted on the next business day).