

Office Use Only: Account Number _____ Work Order Number _____



COPY OF DRIVERS LICENSE REQUIRED

State _____
I.D. Number _____
Exp. _____ Date of Birth _____

UTILITY SERVICES RESIDENTIAL CREDIT APPLICATION

The City of Sachse requires a deposit for new service according to the Master Fee Schedule
Residents 62+ years of age are not required to pay the deposit

Full Name _____ S.S.# _____ Employer _____
Last First Initial

Spouse's Name _____ DL# _____ DOB _____

Address of Premises to be Served _____ Sachse, TX 75048

Mailing Address (if different) _____

Phone# _____ Work# _____ Cell# _____

Owner or Landlord Name _____ Owner Occp _____ Rental/Lease _____

Is the property a Duplex or 4-plex: Yes _____ No _____ If yes, did it pass inspection? Yes _____ No _____

Email Address: _____ Enroll in E-Billing*: Yes No

*This paperless billing notification will be delivered to email address

you ever had service with us? Yes _____ No _____ Number of Trash Carts located at home: Have Blue _____ Gre Grey _____

If YES please give previous address: _____

****Requested Connection Date** (At least One Business Day from Application Date) _____

Relative/Reference NOT Living With the Applicant: (Must Live at Different Households)

Nearest Relative _____ Relationship _____ Phone _____

Address _____ City _____ State _____ ZIP _____

House Bill 859 (Open Records Act) gives you the right to request that your personal information not be made available to the public. Please initial the appropriate line beside your choice concerning personal information release.

_____ I agree that only my name and address be provided to local and area businesses.

_____ I request that all of my personal information be kept confidential.

*If rental is a duplex or 4-plex, a city inspection is required before utilities can be connected. Please contact the Fire Marshall's Office at 469.429.4791 for an inspection.

If account incurs no late fees during the first year of service, the deposit will be credited back to the account. You may fax letters of credit to 972.495.9356, attention Utility Services.

You are responsible for safeguarding the waste service provider's trash and recycle receptacles. When you move, please assure the receptacles are turned over to the next occupant or owner.

TERMINATION OF SERVICE - The applicant agrees to be responsible for the payment of utility charges incurred at these premises until their responsibility is terminated by providing a two day written notice from the customer to have services disconnected or upon completion of an application for service by another party

Signature: _____ Date: _____



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: _____

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).



Credit Card 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: _____ Phone Notifications: Y or N

Daytime Telephone Number: _____ E-mail Address: _____ E-Bills: Y or N

One time Recurring

I have read the terms and conditions and hereby request and authorize the City of Sachse and the financial institution to initiate variable entries (if recurring selected) or a one time charge (if selected) to my credit card account 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 in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act.

Name as it appears on the credit card: _____

Mailing Address of credit card statement: _____

City: _____ State: _____ ZIP: _____

Credit Card Type Visa Mastercard Discover

Credit Card Account Number: _____

Expiration Date: ____/____/____ One-time Charge \$: _____

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 credit card draft for payment of my utility bill.

Not VALID without signature.

Signature: _____ Effective Date: _____

Internal Use Only

Processed by: _____ Date: _____



Credit Card Authorization/Stop Form Terms and Conditions

I understand I will continue to receive a utility bill by mail or electronically based on my statement delivery choice. I will know the total amount of my utility bill; thus I will know exactly the amount that will be charged on my credit card account.

I understand it is my sole responsibility to update my credit card information if the credit card expires or my account is closed. I agree that I remain obligated to pay for utility services in the event that a charge to my account is dishonored, for whatever reason, and that the City of Sachse retains its normal collection rights.

I understand the City will remove my account from credit card draft if two (2) dishonored notifications occur within a 12 month period.

I understand the total amount of my bill will be charged 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).

CITY OF SACHSE

VOLUNTARY DONATION PROGRAM

Sachse citizens may support select City programs with a voluntary monthly contribution added to their water/sewer/garbage bill. The participating departments are listed below:

Sachse Public Library—funds will be used to build the E-book collection.

Sachse Parks and Recreation—funds will be used for tree planting and maintenance in support of Sachse’s designation as a Tree City, USA.

Sachse Animal Control—funds will be used to offset the costs of animal care during special situations such as outbreaks of illness or overpopulation periods as well as future expansion of the facility.

Notes to remember:

1. The donation level you select will be added to your bill as a monthly recurring charge and will continue until you notify the Utility Billing Department in writing of your desire to cease or change.
2. Donations must be in increments of \$1.
3. **Don’t want a monthly commitment? We can accept one-time donations, but the payment must be separate from your utility payment (form at the very bottom of page).**

MONTHLY DONATION AUTHORIZATION

___I authorize the City of Sachse Utility Billing Department to include the following amounts on my water utility bill each month to support:

Sachse Library _____ (increments of \$1)

Sachse Parks _____ (increments of \$1)

Sachse Animal Control _____ (increments of \$1)

Total Monthly Donation _____

Name on Account _____ Account Number _____

Service Address _____ E-mail Address _____

I understand that I am electing to have this amount added to my monthly utility bill and that failure to pay could cause the account to be delinquent. It is my responsibility to notify the billing department if I wish to change or cease this election.

Signature _____ Date _____

ONE-TIME DONATION

(payment must be separate from utility payment)

Please post the enclosed payment in the amount of \$_____ in the following manner:

Library \$ _____ Parks \$ _____ Animal Control \$ _____

Name _____ Account Number _____

Service Address _____ Email Address _____