



## 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 15<sup>th</sup> of each month (unless the 15<sup>th</sup> falls on a weekend or holiday, in which, it will be deducted on the next business day).