

1400 Schertz Pkwy Schertz, TX 78154  
210-619-1100 www.schertz.com

Account Number: \_\_\_\_\_

Date: \_\_\_\_\_

Residential: \_\_\_\_\_ Commercial: \_\_\_\_\_

**OPTIONAL**

**City of Schertz Automatic Payment Agreement**

**Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Service Address:** \_\_\_\_\_ **Add. Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

1. I hereby authorize the City of Schertz 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 all accounts 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.
2. This procedure will remain in place unless I give the City of Schertz 30 days written notice that I elect to terminate this service and resume normal monthly billing.
3. 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 2 years from date of return.
4. I agree to give the City of Schertz prompt written notice of any change in my account, and understand that Schertz must receive notice a month prior to due date in order for it to be effective as part of that month's billing cycle. Notices received after the 1<sup>st</sup> will go into effect on the next month's billing cycle.
5. The City of Schertz has the right to terminate automatic payment service at any time with written notice to customers. This agreement will remain in effect until canceled by either party.

This agreement authorizes the City of Schertz to automatically deduct the balance of my utility account from the bank account listed below for the utility account 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.

Customer Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

**Financial Institution Information** (please type or print the following information):

Financial Institution Name: \_\_\_\_\_

Name(s) Appearing on Account: \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

**Type of Account\*:**     Savings     Checking

\*The City is not responsible for any payment processing errors or fees incurred if you do not provide accurate billing account information including a copy of a voided check or a letter from your financial institution.