

CITY OF BELLAIRE

AUTOMATIC PAYMENT PLAN

I hereby authorize the City of Bellaire to initiate withdrawals from my designated **checking account** at the financial institution named on this application. The withdrawals are to be made on the due date every month. I understand that the City of Bellaire and the financial institution reserve the right to terminate this plan and/or my participation therein.

Please complete the information below. Please mail to **City of Bellaire Utility Billing 7008 South Rice Avenue Bellaire, TX 77401**. For your convenience, the silver night drop box is located to the right of the front entrance on South Rice Avenue.

Customer Information
_____ Name as it appears on bill
_____ Street Address
_____ City, State, and Zip Code
Home # _____
Work # _____
Mobile # _____
_____ City of Bellaire Account Number

Financial Information
_____ Name of Financial Institution
_____ Branch Name/ Branch Address
_____ City, State, and Zip Code
_____ Name as it appears on Financial Account
_____ Transit/ABA Routing Number
_____ Account Number
<i>Please include a voided check so we can verify your account number for proper payment and credit.</i>

I agree to maintain in my designated account a balance available for immediate withdrawal in an amount sufficient to pay each monthly bill in full as it becomes due. ***I also agree to notify the City of Bellaire prior to closing or changing my account.***

For more information please visit the City's website: <http://www.bellairetx.gov>

Signature

Date

Bank Code _____	FOR OFFICE USE ONLY
Approved By _____	PLEASE FAX OR MAIL OR EMAIL THIS FORM WITH A COPY OF A VOIDED CHECK
Date Processed _____	FAX#: 713-662-8264 EMAIL: utilitybill@bellairetx.gov