

# 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 of 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, Texas 77401**. For your convenience, the night drop is located to the right of the front entrance on South Rice Avenue.

<b>Customer Information</b>
<hr/> Name as it appears on bill
<hr/> Street Address
<hr/> City, State, and Zip Code
Home # _____
Work # _____
Mobile # _____
<hr/> City of Bellaire Account Number (house)
<hr/> City of Bellaire Account Number (sprinkler)

<b>Financial Information</b>																				
<hr/> Name of Financial Institution																				
<hr/> Branch Name/Branch Address																				
<hr/> City, State, and Zip Code																				
<hr/> Name as it appears on financial account																				
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<p style="text-align: center;"><i>Please include a voided check so we can verify your account number for proper payment and credit</i></p>																				

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 information about garbage collection go to the city's web site <http://www.ci.bellaire.tx.us/>.**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

.....  
FOR OFFICE USE ONLY

Bank Code \_\_\_\_\_

Approved By \_\_\_\_\_

Date Processed \_\_\_\_\_

**PLEASE FAX THIS FORM ALONG**

**WITH A COPY OF A VOIDED CHECK.**

**FAX NUMBER: 713-662-8264**