



CITY OF SUGAR LAND

Treasury Automatic Payment Plan (APP) Application

I authorize the City of Sugar Land to begin deduction from my account with the financial institution named below in the amount of my monthly bill. I understand that I may discontinue enrollment in APP at any time by sending my request in writing to the City of Sugar Land. I understand that both my financial institution and the City of Sugar Land have the right to terminate this payment plan or my participation therein.

Date: _____

Signature: _____

Email Address: _____

Name Shown on Your Account: _____

Street Address: _____

City/Zip Code: _____

Account No.: _____

Home Phone No.: _____ Work Phone No.: _____

Financial Institution's Name: _____

Account Number: _____ Savings Checking

Routing Number: _____

◆◆◆◆ Remember to include a check marked "void" for the above account. ◆◆◆◆

Visit The City of Sugar Land's Website: www.sugarlandtx.gov or email
treasury@sugarlandtx.gov

2700 TOWN CENTER BOULEVARD NORTH,
P.O. BOX 5029, SUGAR LAND, TEXAS 77487-5029,
(281) 275-2750, FAX (281) 275-2769