



CITY OF SUGAR LAND

## Automatic Payment Plan (APP) Application

I authorize the City of Sugar Land Treasury to begin deduction from my account with the financial institution named below in the amount of my monthly utility 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 also understand that, as an APP customer, **I will continue to receive my monthly utility bill for review only.** 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. I understand the amount due for services shall be processed/bank drafted the Friday before the due date.

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

Please check the box to receive your utility bill by e-mail. E-mail address: \_\_\_\_\_

Name Shown on Your Utility Bill: \_\_\_\_\_

Street Address: \_\_\_\_\_

Utility Account No.: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Work Phone No.: \_\_\_\_\_

Financial Institution's Name: \_\_\_\_\_

Financial Institution's Phone Number: \_\_\_\_\_

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

Checking Account Number: \_\_\_\_\_ Routing Number \_\_\_\_\_

Savings Account Number: \_\_\_\_\_ Routing Number \_\_\_\_\_

Please check here if you wish to contribute \$1.00 each month to the Utility Assistance Program

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

*Continue to pay by check/cash until your bill says \*\*\*BANK DRAFT\*\*\**

**Mail form to: P.O. Box 5029 Sugar Land, TX 77487 or Email to: [treasury@sugarlandtx.gov](mailto:treasury@sugarlandtx.gov)  
Form may also be dropped off at: City Hall (address listed below)**