Utility Billing Department
Ph. 469-429-4763
utilitybilling@cityofsachse.com

Automatic Payment Stop Form

Name: _____ Phone #:_____

Service Address: _____ Sachse, TX 75048

E-mail Address: _____

Please initial the following statements:

_____ I request and hereby authorize the City of Sachse to stop the automatic payments of my monthly utility statements.

_____ I understand I will continue to receive a utility statement based on my statement delivery choice.

_____ I understand that by requesting to "STOP" automatic payments, I remain responsible for ensuring payment is made by the specified due date listed on my statement each month to avoid any late penalties and/or possible service interruption.

_____ I agree to remain obligated to pay for any declined or returned payments plus any returned payment fees.

_____ I agree the City of Sachse has the right to retain its normal collection process.

Signature:_____ Date:_____

(Identification verification may be requested. This form **may not be valid** without authorized signature.)

Internal Use Only

Utility Account #: _____ Processed By: _____ Date: _____