



200 S. Main St
P.O. Box 826
Cibolo, TX 78108
210-658-9900
www.Cibolotx.gov

Office Use
Account Number: _____
Date: _____
Residential: _____ Commercial: _____

OPTIONAL

City of Cibolo Automatic Payment Agreement

Name: _____ **Cell Phone:** _____

Service Address: _____ **Add. Phone:** _____

Email Address: _____

1. I hereby authorize the City of Cibolo to automatically charge my account once per calendar month, on the due date or business day prior should the due date fall on a weekend or holiday, for all accounts due on my monthly utility account. I understand that the amount of my monthly utility bill varies based on monthly consumption and current rates. I also understand that I will continue to receive a monthly utility bill, with the withdrawal date printed on the utility bill.
2. This procedure will remain in place unless and until I give the City of Cibolo 30 days written notice that I elect to terminate this service and resume normal monthly billing.
3. I further authorize a \$25.00 charge to my account in any case in which the automatic charge is rejected because my specified account has either been closed or there are insufficient funds to cover the charges owed. After two (2) incidents, I will be terminated from automatic payments and placed on a CASH ONLY basis.
4. I agree to give the City of Cibolo prompt written notice of any change in my account, and understand that Cibolo must receive notice by the 1st of the month in order for it to be effective as part of that month's billing cycle. Notices received after the 1st will go into effect on the next month's billing cycle.
5. The City of Cibolo has the right to terminate automatic payment service at any time with written notice to customers. This agreement will remain in effect until cancelled by either party.

This agreement authorizes the City of Cibolo to automatically deduct the balance of my utility account from the bank account listed below for the utility account listed above. I declare that the account number given belongs to me, and that any changes to or cancellation of the automatic payment plan will be made strictly by me.

Customer Authorization: _____ Date: _____

Financial Institution Information (please type or print the following information):

Financial Institution Name: _____

Name(s) Appearing on Account: _____

Account Number: _____

Routing Number: _____

Type of Account*: Savings Checking

*The City is not responsible for any payment processing errors or fees incurred if you do not provide accurate billing account information including a copy of a voided check or a letter from your financial institution.
