

# We Can Make it Easier for You to Pay Your City of Baytown Utility Bill

- The City of Baytown's Automatic Payment Plan lets you avoid the inconvenience of writing a check to the City of Baytown 12 times a year.
- There is no need to send any payment to the City of Baytown, as we will draft the monthly net amount from your banking institution account and send you, for your records a copy of your utility bill each month.
- Regardless of where you bank, the City of Baytown makes it easier to take advantage of the convenient Automatic Payment Plan.
- This is all you do:
  1. Sign and return the attached authorization agreement authorizing the City of Baytown to draft your bank account for water, sewer and garbage service.
  2. Attach a voided or canceled check from the bank shown on the authorization and a stub from your utility bill. Please do not send deposit slips.
- Call the City of Baytown Utility Billing Department if you need additional information.

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## Automatic Payment Plan Application (APP)

I authorize the City of Baytown to begin deductions 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 Baytown Utility Billing Department. I understand that as an APP customer, I will continue to receive my monthly payment statement for review only. I understand that both my financial institution and the City of Baytown have the right to terminate this payment plan or my participation therein. I also understand that the City of Baytown will not reimburse me for any fees charged by the bank for stop payments, non-sufficient funds, etc.

Name: \_\_\_\_\_

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

City/Zip Code: \_\_\_\_\_

Utility Billing Account Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Email address \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

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

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

Type of Account: \_\_\_\_\_ Savings \_\_\_\_\_ Checking

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

***Please include a voided or canceled check from the above account.***

**Once you have completed the application, mail it to:**

**City of Baytown**

**PO Box 424**

**Baytown, TX 77522-0424**