



City of Sugar Hill  
Automatic Payment Service (APS)  
**CHANGE / END**  
**APS Enrollment /**  
**Bank Account Information**

**1 - Attach a VOIDED check in the space below.**

**Account Type (circle one):** Checking or Savings

**2 - Complete the short application below.**

|   |  |
|---|--|
| Service Address:<br><i>(as shown on your bill)</i>                    |  |
| Name on Gas Utility Account:<br><i>(as shown on your bill)</i>        |  |
| Natural Gas Utility Account Number:<br><i>(as shown on your bill)</i> |  |
| Contact Phone Number:   |  |

I authorized the City of Sugar Hill to deduct funds from my account on the date my Natural Gas Utility bill is due, at the financial institution listed above, to pay my Sugar Hill gas utility bills. I understand that I can stop these automatic payments if I notify the City of Sugar Hill and/or my financial institution in writing. I also understand that the City of Sugar Hill and/or my financial institution can stop my participation in this service if necessary.

Name as shown on financial institution records

Signature as shown on financial institution records

Date

*Allow one full billing cycle for change to be processed.*

**END APS ENROLLMENT (PLEASE PRINT)**

Effective date \_\_\_\_\_ please cancel my APS.

**Complete the short application below.**

|   |  |
|---|--|
| Service Address:<br><i>(as shown on your bill)</i>                    |  |
| Name on Gas Utility Account:<br><i>(as shown on your bill)</i>        |  |
| Natural Gas Utility Account Number:<br><i>(as shown on your bill)</i> |  |
| Contact Phone Number:   |  |

Signature

Date

*Allow one full billing cycle for cancellation to be processed.*