



CITY OF LEOTI

Council Meeting
1st & 3rd Monday – 6:30 p.m.

CITY OF LEOTI UTILITY BILL AGREEMENT/ACH AUTHORIZATION

Account Information

Please provide the following information:

Property Address:	Date:
Applicant's Name:	Co-Applicant's Name:
Phone Number	Alternate Phone Number
Do you prefer your utility bill by: <input type="checkbox"/> Mail <input type="checkbox"/> Paperless by E-Mail <input type="checkbox"/> Both	

Mailing Address:

PAPERLESS BILLING (E-BILL)

If you would like to have your utility bill e-mailed, please verify the e-mail address you provided is correct.

Your Utility Bill will be attached to the e-mail provided in the form of a PDF attachment. By providing your e-mail address you are agreeing to allow the City of Leoti to e-mail your monthly Utility Bill. Changes must be provided in writing at least ten (10) days prior to the next billing cycle, which is the first of each month.

Initial: _____

AUTHORIZATION TO DEBIT ACCOUNT FOR UTILITY BILL

PLEASE ATTACH COPY OF A VOID CHECK TO THIS FORM

The City accepts direct payments from your bank for your monthly utility bill. If you would like to sign up for this service, please read and complete the "Authorization to Debit Account for Utility Bill" and attach copy of a void check. This form authorizes your financial institution to transfer funds to pay your monthly utility bill(s)

Check the box that indicates the date you would like your payment debited from your account:

1st 10th 15th

I, _____, authorize the City of Leoti to electronically debit my bank account for the amount(s) due. I understand that the monthly amount may vary and that I may cancel this authorization by providing the City with a written notice at least ten (10) days prior to the next billing cycle, which is the first of each month.

Initial: _____

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____