

**DRAFT PAYMENT PLAN**  
**CITY OF LEESBURG UTILITY BILLING DEPARTMENT**

*Authorization Agreement for Prearranged Payments (Debits)*

Name \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Utility Account Number \_\_\_\_\_ Social Security \_\_\_\_\_

Name of Financial Institution \_\_\_\_\_

City of Bank \_\_\_\_\_ State of Bank \_\_\_\_\_

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

Bank Routing Number \_\_\_\_\_

Checking/Savings Number \_\_\_\_\_

***Note: please attach or email a "voided" check for the checking/savings account listed above, a copy of the driver's license, and sign and dates the authorization agreement.***

*I hereby authorize the City of Leesburg Utility Billing Department, hereinafter called Utility Department, to automatically debit my bank account for payment of monthly utility bill. This authorization is to remain in full force and effect until the Utility Department has received written notification from me (or both of us) of its termination in such time and manner as to afford the Utility Department and the applicable Financial Institution a reasonable opportunity to act on it.*

*I understand the Utility Department will continue to send me a monthly bill before my bank account is charged and that I have the right to stop a debit by notifying my financial institution at any time up to three banking days before the scheduled date of the debit. I understand that my bank account will be debited on the 10<sup>th</sup> of the month, or in the event that is a weekend or holiday, the following business day. I further understand that the Utility Department may impose a processing fee in the event that a debit entry is not paid by my financial institution, for example, due to insufficient funds to cover a prearranged debit, and additionally, any applicable penalties and fees will apply.*

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_