

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 10th 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** _____