

E-Z Pay Application

- Instructions:
1. Provide all of the information requested below
 2. Sign the application
 3. Attach a voided check from the U. S. Financial Institution for the account to be used.

Name: _____

Address: _____

City, State, Zip: _____

Last 4 Digits of Social Security #: _____

Daytime Phone Number: _____

Utility Account Number (s): _____

Name of Financial Institution: _____

Bank Account Number: _____

Check One: New Application

Change Accounts

Terminate E-Z Pay

I authorize the City of Leesburg to initiate monthly debit and/or credit entries to my bank account at the financial institution named above. I agree to allow the City of Leesburg to debit said account for my utility for the use of utility services. I understand that this authorization will be in effect until I notify the City of Leesburg in writing that I no longer desire this service, allowing reasonable time to act on my notification. I also understand that the City of Leesburg may impose a processing fee in the event the debit entry is not paid by my financial institution. The City of Leesburg reserves the right to cancel this agreement after giving thirty (30) days notification.

Signature: _____

Date: _____

Important: To activate E-Z Pay for your account(s), you must also provide a voided check. If you are authorizing payment from a savings account, please contact your financial institution for the appropriate routing transit and bank account number to be listed on this form.

VOIDED CHECK