

City of Lake Alfred Easy Pay Plan

City of Lake Alfred Easy Pay Plan Application

City of Lake Alfred Account Number: _____
I/We have read and agree to the terms and conditions regarding The Easy Pay Plan and authorize the City of Lake Alfred to receive payment of my/our utility bill by entry of EFT transactions to the account at the financial institution listed below. The authority will remain in effect until I/we cancel in writing. (Remember to send a voided check with your application.)

Customer Name: _____

Service Address: _____

Home Phone Number: _____ Work: _____ Ext: _____

Bank Name: _____ Routing Number: _____

Bank Checking Account Number: _____

Names on the account:

1) _____ 2) _____

Date of Birth:

1) _____ 2) _____

Social Security Number (s)

1) _____ 2) _____

Driver's License Number (s)

1) _____ 2) _____

Signature(s) as it appears on your bank account:

1) _____ 2) _____