DRAFT PAYMENT PLAN FORM

Authorization Agreement for Prearranged Payments (Debits)

Name:	Utility Account Number:	
Address:	Phone:	
Place of Employment:	Work Phone:	
CHECKING ACCOUNT INFORMATION	ON:	
Name of Bank:	City:State:	
Banking Routing Number:		
Banking Account Number:		
PLEAS	SE ATTACH A	
"Voided Check" for th	e Checking Account listed ab	ove
A Copy of	f the Driver's License	
PLEASE READ, INITIAL & SIGN		
monthly utility bill. This authorization is to remain	g Utility Billing Department to automatically debit my bank account for paymen in full force and effect until the Utility Department has received written notific ford the Utility Department and the applicable Financial Institution a reasonable	ation of
	entinue to send me a monthly bill before my bank account is charged and that eesburg Utility Billing Department at any time up to three banking days before	
	debited on the 10 th of the month, or in the event that is a weekend or holiday the Utility Department may impose a processing fee and any applicable penal al institution.	
	e Draft, I am responsible for any bills and/or late fees that are due on my as a "Pre-Note" the first month and then if all information is correct, the "I	
Signature	<mark>Date_</mark>	