



CITY OF LAKE ALFRED
EASY PAY PLAN APPLICATION

Date: _____

Utility account number: _____

Name on account: _____

Service address: _____

Mailing address: _____

Contact Phone Number: _____ Alternate Phone: _____

Bank Name: _____

Routing Number: _____

Account Number: _____

I/We have read and agree to the terms and conditions regarding The Easy Pay Plan. I/We have authorized the City of Lake Alfred to process payments of my utility account by entry of EFT (Electronic Fund Transfer) to the financial institution listed above. The authority shall remain in effect until I/we submit cancellation of this transaction in writing.

Please sign this agreement as it appears on your banking account:
