



Please include a voided check.

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:

\_\_\_\_\_