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#### **Dear LEXUS Customer:**

We want to let you know about the payment options we have available.

ACH – payment is automatically drawn from customer bank account on the 16<sup>th</sup> or the 26<sup>th</sup> of every month. If either of those dates is on a weekend or holiday, the draw will occur the next business day. Complete the attached form (be sure it is accurate and legible) and return it to our office. You may also sign up on the same form to have your bills emailed to you.

Cards – debit and credit card payments may be made in person or over the phone. We accept VISA, Master Card, and Discover.

Drive Thru – checks, cash, or cards accepted at our convenient drive-up window.

Drop Box – located on the west side of our building. Checks Only!

Mobile Device – use our QR Code to set up your online account and make payments where ever you are.



Walk In – visit our office Monday – Friday 8AM – 5PM.

Web Access – pay online with debit or credit card. Go to <a href="www.cityoflex.com">www.cityoflex.com</a> click on <a href="Pay Bill Online">Pay Bill Online</a>. You will need your <a href="account number">account number</a> and <a href="last payment amount">last payment amount</a> to create your online account. When you create your account you may also sign up to have your bills emailed to you.

If you have any questions, feel free to contact our office. We look forward to serving you!

Sincerely,

**LEXUS Customer Service** 





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# **BANK DRAFT AND EMAIL BILLING**

### **Utility Customer Information**

Account Number	
Printed Name	
Address	
Phone Number	
Email Address	
BANK DRAFT DATE (ACH) 16 <sup>TH</sup> OR 26 <sup>TH</sup>	EMAIL BILLING & LATE NOTICES YES NO

## **Financial Institution Information**

Bank Name	Type of Account
Account Number	Routing Number

### Date / Month to Begin ACH and/or EMAIL BILLING

I authorize Lexington Utilities System to debit my account indicated and authorize the financial institution listed to debit the same account or make correcting CREDITS if needed. I acknowledge the origination of ACH transactions to my account must comply with provisions of U.S. law. This authority is to remain in full force and effect until Lexington Utilities System has received written notification from me of its termination to act on it in a timely manner.

I authorize Lexington Utilities System to Email my monthly bill. I agree it is my responsibility to review my monthly bill and notify the City right away of any concerns; that I will pay my monthly charges whether I receive a bill or not; if I do not receive a bill, it is my responsibility to contact the City for the amount owed; to notify the City of any changes to my Email address, Mailing address, or Phone number. The Email Billing will come from <a href="moreply@cityoflex.com">moreply@cityoflex.com</a> and will include a PDF attachment. This authority remains in full force and effect until Lexington Utilities System has received written notification from me of its termination to act on it in a timely manner. I also authorize any **LATE NOTICE** to be emailed to me.

#### UTILITY CUSTOMER SIGNATURE

#### SIGNATURE DATE

Lexington Utilities System Authorized Signature