



October 2015

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 26th of every month. If the 26th 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 www.cityoflex.com click on Pay Bill Online. You will need your account number and last payment amount 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

308-324-2341

308-324-2343

406 East 7th Street

PO Box 70

Lexington, NE 68850

Fax 308-324-4590

Email: lexus@cityoflex.com

Website: www.cityoflex.com



Customer Printed Name

Customer Account Number

Customer Service Address

Customer Phone Number

Customer Email Address

AUTHORIZATION AGREEMENT FOR DIRECT ACH PAYMENTS

I authorize Lexington Utilities System to debit my account indicated below, and authorize the financial institution listed below 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.

Date / Month to Begin ACH Transaction

Financial Institution Name

Financial Institution Routing Number

Financial Institution Account Number

Financial Institution Type Of Account

Utility Customer Signature

Signature Date

AUTHORIZATION AGREEMENT TO RECEIVE EMAIL BILLING

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 noreply@cityoflex.com 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.

Mail a Paper Bill Also

Yes

No

Date / Month to Begin Email Billing

Utility Customer Signature

Signature Date

Lexington Utilities System Authorized Signature

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