



BANK DRAFT AND EMAIL BILLING

Utility Customer Information

Account Number
Printed Name
Address
Phone Number
Email Address

BANK DRAFT DATE (ACH)
 16TH OR 26TH

EMAIL BILLING & LATE NOTICES
 YES NO

Financial Institution Information

<u>Bank Name</u>	<u>Type of Account</u>
<u>Account Number</u>	<u>Routing Number</u>

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 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. I also authorize any LATE NOTICE to be emailed to me.

UTILITY CUSTOMER SIGNATURE

SIGNATURE DATE

Lexington Utilities System Authorized Signature

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