

Office Use Only:	Date Entered: _____
Account #: _____	Pre-Note Date: _____

VILLAGE OF LEXINGTON UTILITY BILLING
AUTHORIZATION & ENROLLMENT FORM FOR AUTOPAY
AUTOMATIC FUNDS TRANSFER

Customer Name _____ Phone _____

Mailing Address _____

City/State _____ Zip _____

Service Address _____

I hereby authorize the Village of Lexington to automatically withdraw from my account identified below the total amount due on my billing statement. I authorize the Financial Institution named below to accept such transactions initiated by the Village of Lexington. The withdrawals shall be made from my account on the due date indicated on each billing statement. This authorization is to remain in effect until the Village of Lexington has received written notification from me (or either of us) of termination at least five days before the next regular billing date.

Financial Institution Name _____

Account# _____ Checking _____ Savings _____

ABA/Transit # _____
(first nine numbers on the bottom encoded line of the check or withdrawal slip)

Print Name _____ Date _____

*Signature _____

Second Signature on Account (if applicable) _____

Attach a voided check or savings withdrawal slip to form and return to:

VILLAGE OF LEXINGTON
7227 HURON AVE SUITE #100
LEXINGTON, MI 48450

*PROOF OF IDENTITY MUST BE PROVEN AT THE TIME OF APPLICATION. PLEASE PROVIDE A COPY OF YOUR DRIVERS LICENSE OR PHOTO ID WITH THIS APPLICATION.