

City of Lexington

Recurring ACH Payment Authorization

You authorize regularly scheduled charges to your checking/savings account. You will be charged for your monthly utility service each billing period for the amount owed on your account. A receipt for each payment will be provided to you by email and the charge will appear on your bank statement as an "ACH Debit". You agree that prior notification of amount to be charged will be noted on the monthly utility bill.

I _____ authorize the City of Lexington to charge my bank account indicated below for the monthly utility service amount on the 20th of each month.

This payment is for monthly utility services provided by the City of Lexington which include all Water, Sewer & Garbage services.

Billing Information

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Utility Account Number(s) _____

Bank Details

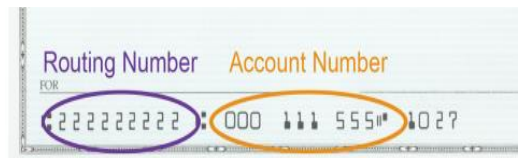
Checking Savings

Account Name _____

Bank Name _____

Account Number _____

Routing Number _____



I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the City of Lexington in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that the City of Lexington may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____
(Account Holder's Signature)

DATE _____