



# CITY OF LEOTI

Council Meeting  
1<sup>st</sup> & 3<sup>rd</sup> Monday – 7:00 p.m.

## CITY OF LEOTI UTILITY SERVICE AGREEMENT

This form must be accompanied by a \$50.00 non-refundable service set-up fee.

A request for any City provided utility service shall automatically constitute a request for all available utility services.

### Account Information

Please provide the following information, which is required prior to establishing an account and providing initial service.

<b>Property Address:</b>	<b>Initial Service Date:</b>
<b>Applicant's Name:</b>	<b>Co-Applicant's Name:</b>
<b>Applicant's Social Security Number</b>	<b>Co-Applicant's Social Security Number</b>
<b>Phone Number</b>	<b>Alternate Phone Number</b>
Do you prefer your utility bill by: <input type="checkbox"/> Mail <input type="checkbox"/> Paperless by E-Mail	
<b>Billing Address:</b>	<b>E-Mail:</b>

Do you  Own  Rent    If renting, please provide the following:

Landlord Name: \_\_\_\_\_ Landlord Mailing Address: \_\_\_\_\_

Landlord Phone Number: \_\_\_\_\_ Landlord Signature: \_\_\_\_\_

### PAPERLESS BILLING (E-BILL)

If you would like to have your utility bill e-mailed to you rather than mailed, please verify the e-mail address you provided is correct. You will no longer receive a paper bill once this is submitted. Your Utility Bill will be attached to the e-mail provided in the form of a PDF attachment. By providing your e-mail address you are agreeing to allow the City of Leoti to e-mail your monthly Utility Bill. Changes must be provided in writing at least ten (10) days prior to the next billing cycle, which is the first of each month.

Initial: \_\_\_\_\_

### AUTHORIZATION TO DEBIT ACCOUNT FOR UTILITY BILL

PLEASE ATTACH COPY OF A VOID CHECK TO THIS FORM

The City accepts direct payments from your bank for your monthly utility bill. If you would like to sign up for this service, please read and complete the "Authorization to Debit Account for Utility Bill" and attach copy of a void check. This form authorizes your financial institution to transfer funds to pay your monthly utility bill(s)

Check the box that indicates the date you would like your payment debited from your account:

1<sup>st</sup>  10<sup>th</sup>  15<sup>th</sup>

I, \_\_\_\_\_, authorize the City of Leoti to electronically debit my bank account for the amount(s) due. I understand that the monthly amount may vary and that I may cancel this authorization by providing the City with a written notice at least ten (10) days prior to the next billing cycle, which is the first of each month.

Initial: \_\_\_\_\_

The following Utility Ordinances are available at: [www.leotikansas.org](http://www.leotikansas.org)

2014-04 Storm Water Utility    2014-05 Sanitation/Landfill    2014-06 Sewer Utility    2014-07 Water Utility

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_