

One Municipal Plaza 401 S. Meridian Street Lebanon, IN 46052 765-482-5100 www.lebanon-utilities.com

## **DIRECT PAYMENT APPLICATION**

ACCOUNT#:	EMAIL ADDRESS:
PHONE#:	CELL PHONE#:
NAME:	
ADDRESS:	
TYPE DEBIT/CREDIT:	CARD#:
EXPIRATION DATE:	CSR#(3 digit code)
CHECK ROUTING#:	
CHECK ACCOUNT#:	
*PLEASE	INCLUDE A VOIDED CHECK*
named above. I acknowledge that Lebanon Utilities constitutes prior month to month. This agreement such time and manner as to afficient Discontinuance of this payment s	uct my utility bills from my account with the financial institution to the receipt each month of a bill for the utility services from notice to me of prearranged payments that may differ from may be terminated by either party upon written notification in ford a reasonable amount of time to end this Agreement ervice shall not affect any amounts owed by me to Lebanon me out of direct pay. You will need to pay your final bill.
SIGNATURE:	DATE: