



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

Direct Payment Application

Name on Account: _____

Account #: _____

Service Address: _____

Mailing Address: _____
(if different than service address)

Email Address: _____

Check Routing No.: _____

Check Account No.: _____

I authorize Lebanon Utilities to deduct utility bills from my account with the financial account named above. I acknowledge that the receipt each month of a bill for the utility services from Lebanon Utilities constitutes prior notice to me of prearranged payments that may differ from month to month. This agreement may be terminated by either party upon written notification in such time and manner as to afford a reasonable amount of time to end this agreement. Discontinuance of this payment service shall not affect any amounts owed by me to Lebanon Utilities.

I have submitted a voided check, a letter from my bank, or other bank account verification (e.g., a printout or email of an account summary page with my name) with this application.

Payor Signature: _____ Date: _____

(office use only) Bank Account or Voided check attached