



E-Z PAY PLAN

(Recurring electronic funds transfer program)

UTILITY PAYMENT ENROLLMENT/CHANGE FORM

Please check one:

New Participant _____ or Current Participant Change Request _____

UTILITY ACCOUNT INFORMATION (one form for each service address is required)

Account # _____ Irrigation Account # (if applicable) _____

Name _____ Owner / Tenant (circle one)

Service Address _____

Phone _____ Email _____

BANK ACCOUNT INFORMATION (refer to your bank for any questions on this section)

Account Type: checking _____ or savings* _____ **Please attach a voided check**

Name(s) on Bank Account _____

Bank Routing (ABA) # (first 9 digits on bottom left of check) _____

Bank Account # (next series of digits, excluding the check #) _____

Name of Bank _____

AUTHORIZATION I authorize the City of Concord to withdraw the amount of my monthly utility bill directly from my checking or statement savings account as indicated above. I understand that the debit may be made up to 4 business days prior to the due date, further, that the City of Concord is not liable for any damages that may result from a draft made on a disputed bill unless I have contacted the Utility Billing office at least 6 business days prior to that due date. A notice will be printed on the monthly statement prior to the first debit, which serves as notice that my enrollment is complete. If, at any time, I decide to terminate my participation in the E-Z Pay plan, I will notify the Utility Billing office IN WRITING at: Concord General Services, 311 N State St., Concord, NH 03301. The City of Concord retains the right to discontinue the E-Z Pay plan and/or my participation upon proper notification of same. I acknowledge that I have read or agree to these terms.

Account Holder (s) Signature for Authorization _____

Dated _____

*if you have selected savings, be sure to check with your bank for correct ABA #

E-bill enrollment (please check one):

No, please continue to mail my bill _____

I would like to receive an e-bill only _____

I would like to receive an e-bill and a paper copy (by mail) _____

Email _____

Mail Enrollment Form to: Concord General Services, 311 N State St., Concord, NH 03301