



City of Concord
General Services
(603) 225-8693
www.concordnh.gov

E-Z PAY PLAN
(Recurring electronic funds transfer program)



**Please attach a voided
check here**

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: _____ City: _____

Day Phone: _____ Cell Phone: _____

Email: _____

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

Type of account you wish to be debited: Checking _____ Savings* _____

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 _____

Bank Phone # _____

AUTHORIZATION: I AUTHORISE THE City of Concord to withdraw the amount of my monthly utility bill directly from my checking or statement savings account as indicated above (known as the E-Z PAY plan). I understand the debit may be made up to four (4) business days prior to the Due Date; further, 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 office at least six (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 office IN WRITING at: City of Concord General Services, 311 N. State St., Concord NH 03301, Attn: Utility Billing. The Utility retains the right to discontinue the E-Z PAY plan and/or my participation upon proper notification of same. I acknowledge I have read and agree to these terms.

Account Holder(s) Signature for Authorization _____ Date _____

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

MAIL TO: CITY OF CONCORD, GENERAL SERVICES, UTILITY BILLING
311 N STATE STREET,
CONCORD, NH 03301