

CITY OF OAKLEY  
209 HUDSON AVENUE  
OAKLEY KS 67748-1725

LEVELIZED UTILITY PAY PLAN

Utility Account Name: \_\_\_\_\_

Utility Account Address: \_\_\_\_\_

Utility Account Number: \_\_\_\_\_

Level Pay Amount: \_\_\_\_\_

Direct Withdrawal/ACH (Y/N): \_\_\_\_\_

\*Withdrawn on the 3<sup>rd</sup> day of each month

if yes, Bank Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

\*Please attach a VOIDED check or VOIDED deposit  
slip for bank routing numbers

Customer's  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner's Signature (Rentals): \_\_\_\_\_ Date: \_\_\_\_\_

City Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

.....  
(For office use only):

Comments: \_\_\_\_\_