



Mail the completed form to:
City of Lake Oswego Utility Department
PO Box 369
Lake Oswego, OR 97034

EasyPay Application

Name: _____

Service Address: _____

Primary Phone #: _____

Secondary Phone #: _____

Utility Account #: _____

Checking Account Bank Draft (please attach a voided check)

Bank Name: _____

Name on Account: _____

Routing #: _____

Account #: _____

I authorize the City of Lake Oswego to initiate deductions from the financial institution named above by transferring payment on the due date equal to my monthly utility bill amount. This authority will remain in effect until the City of Lake Oswego has received written notification from me to terminate this automated payment agreement.

Signature: _____

Date: _____

PLEASE ATTACH
VOIDED CHECK HERE