



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: _____
(Level pay amount to be figured by City Staff)

Direct Withdrawal/ACH (Y/N): ____ Payroll Check ____ ☒ ____
*Withdrawn on the 3rd day of each month

If yes, Bank Name: _____ N/A _____

Account Number: ____ N/A _____
*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: _____
