# **HOW TO PAY** YOUR WATER BILL ONLINE SKIP THE TRIP AND SAVE TIME!



## 1) VISIT CITYOFLESLIE.ORG CLICK ON "ONLINE PAYMENTS" TAB

Home - Services -

### 2) SEARCH BY NAME **OR ADDRESS**

IN THE SEARCH BAR, ENTER YOUR ADDRESS, OR SELECT "BY NAME" ON DROP DOWN. **CLICK ENTER** 

earch Results for **"403 e race"** using the **Address** Search in Assessing, Special As

are looking for? Try refining your search to narrov

n County | MI

403 E RACE

4. Cala - Day

403 E Race St Use Advanced Add

	City of Leslie	Ingham Coun	ty   MI	
	AccessMyGov.com is no	w bsaonline.com	. Please change your bookmarks and	website links.
	Search: All Records *	By: Address •	Enter an address or address ran	nge such as 100-200 Main St
	SERVICES	Address Search by Address t Records.	hrough Property, Tax, and Utility Billing	
ł	<ul> <li>Public Records Search</li> <li>All Record Search</li> <li>Assessing Search</li> </ul>	Name Search by Name thr Records. Parcel Number Search by Parcel Nu	ough Property, Tax, and Utility Billing	y Financial Dashboard
	Current Tax Search Special Assessment Search Utility Billing Search	Records.	mber en orgen reperty, fax, and ounty bining	ual Financial Report (F65) submitted by lo
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	Current Tax Payments Special Assessment Paymen Utility Billing Payments	Having trouble se expect? Click her	earching or not finding the results you e for search tips.	
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**3) CLICK ON YOUR ADDRESS** 







Step 3: Confirmation and Receipt

Description     Description     Utilities payment of \$252.85 or Carchholice Information     Terri Name.*  Address Line 1.*  City.*  Phone Number.*  Payment Information Payment Information Credit or Debit Card +	UB Location ID RAC3-000403-0000-0  Lost Name: * Address Line 2: State: * Email Address:	02 
Utilities payment of 2522 85 or Cardholder Information Virst Name * Address Line 1:* 24/* * hone Number:* 24/** 24/*** 24/** 24/** 24/*** 24/*** 24/*** 24/*** 24/*** 24/************************************	n UB Location ID RAC3-000403-0000-0  Lest Name: " Address Line 2: State: " Email Address:	22 Zp Code * V
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Expiration Date: * (in mm/yy format)		
CVV: *		
is this		
number?		

### 5) FILL IN INFORMATION \*THERE IS A 3.5% FEE FOR CREDIT CARDS \*E-CHECKS ARE ONLY \$1.50 (REGARDLESS OF BILL AMOUNT) **CLICK CONTINUE**

### 6) REVIEW AND SUBMIT **REVIEW TOTAL PAYMENT AMOUNT** CHECK BOX TO AGREE TO TERMS CLICK "SUBMIT PAYMENT

Continue



Step 2: Review and Submit Step 3: Confirmation and Receipt

#### Step 3: Confirmation and Receipt

### **Result: Payment Authorized** Confirmation Number: 1393221

ssfully and payment will be pr

The City of Leslie thanks you for your payment. For questions about your account, please call 517-589-8236 Thank you for using our bill payment service

ve or print a copy of this receipt for record keeping purposes

#### My Bills Description \$252. Customer Information ience Fee \$1.50 \$254.35 Convenience For Total Payment: First Name: Last Name: Address Line 1: Address Line 2: City: State: Zip Code: Phone Number: Email Address: Payment Information Payment Date: Check Routing Number: Check Account Number ccount type:



#### Step 2: Review and Submit

Please review the details of the items you have selected to pay, along with the fees associated with using this service. When you are ready to submit your pay review and accept the Terms and Conditions, and click Submit to send your payment for authorization. My Bills

Description		Amount
Utilities payment of \$252.85 on UB Location ID RAC3-000403-0000-02		\$252.8
	Subtotal:	\$252.8
Customer Information	Convenience Fee:	\$7.5
First Name:	Total Payment:	\$260.4
Last Name:		
Address Line 1		
Address Line 2		
Citr.		
State:		
Zie Code:		
Zip Code.		
Filore Namber.		
Email Address.		
Payment Information		
Payment Date: 07/18/2023		
Card Type: MasterCard		
Card Number		
Terms and Conditions		
Your agency has partnered with a third party service provider to provide you with conv	enient online payment services via ci	redit card
debit card or electronic check payments. IN ORDER TO USE THIS SERVICE YOU M	AY HAVE TO PAY A NON-REFUNDA	BLE
CONVENIENCE FEE IN ADDITION TO THE AMOUNT(S) OWED TO YOUR PAYEE.	Please note that the service provider	(not your
Payee) will appear as the merchant of record next to your payment on your bank or cr	edit card statement.	
ACCESSIBILITY		
	I Agree to Te	rms and Conditions
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Back Cancel	(	Submit Pay