

Customer Name: _____ Cycle: _____ Route: _____



Cancel Auto Pay

1000 City Center Circle
Port Orange, Florida 32129
Phone: 386-506-5720 Fax: 386-756-5226
Email: customerservice@port-orange.org

Account Number: _____ - _____

Customer Name: _____

Location Address: _____

Phone Number: _____

Email Address: _____

Discontinuation of Auto Pay

Choice One:

Recurring Credit Card

Checking Account

Cancel Draft Effective:

Immediately

After Pending Draft Date ___/___/___

Required Documents:

Copy of Photo Identification

Authorize Documentation **and** contact information if the customer is not the Utility Account Holder

IF YOU DO NOT RECEIVE A CONFIRMATION FROM US WITHIN 3 BUSINESS DAYS. PLEASE CALL TO CONFIRM YOUR REQUEST WAS RECEIVED.

I guarantee and warrant that I am legally authorized to cancel the auto pay agreement between the payee and the City of Port Orange for the utility account indicated above. I understand that I am responsible for contacting the City of Port Orange at least one business day prior to any pending draft date to confirm receipt of this cancellation request. I request either a one-time cancellation of a pending draft or a discontinuation of future drafts currently used for payment to the City of Port Orange on this account, as indicated above.

I understand that I am responsible for ensuring manual payment on any bills printed prior to this immediate cancellation request. I realize that there may be a pending draft already requested by the City of Port Orange. I understand that payment may be withdrawn before the draft is cancelled and additional charges may arise from that draft. I recognize that the account holder is responsible for the payment of all future utility bills.

Customer Signature: _____

Today's Date: _____

FOR OFFICE USE: HOW WAS FORMED RECEIVED: In Office / Mail / Fax / E-Mail

Verified correct Driver's License # is on Account: _____ Driver's License or Letter Attached: _____

Updated Phone # on account: _____ Date ___/___/___ Rep _____