



Authorization Agreement for Auto Payments / Changes

1000 City Center Circle Port Orange, FL 32129

(386)506-5720 Fax: (386) 756-5226

customerservice@port-orange.org

NEW **CANCEL** **CHANGE**

ATTACH VOIDED CHECK / LETTER FROM FINANCIAL INSTITUTION

Utility Account Number: _____ - _____ Cycle/Route _____

Account Holder's Name: _____

Service Address: _____

Phone Number: _____ Email: _____

IF THE PAYEE IS NOT THE ACCOUNT HOLDER:

PAYEE NAME: _____

RELATIONSHIP TO THE ACCNT HOLDER: _____

Phone Number: _____ Email Address: _____

Banking Information:

Bank's Name: _____ Bank's Number: _____

Bank's Address: _____

I authorize the City of Port Orange to draft my account balance on the due date shown on my monthly bill each month. This authority is to remain in effect until the City of Port Orange has received notification from me or the account holder in such a manner as to afford the City of Port Orange and Bank a reasonable amount of time to act on it. I have the right to stop payment of charge entries by notifying the City of Port Orange. Any erroneous or incorrect charge will be corrected upon notification to the City of Port Orange and may involve a debit or credit to my account. I understand that I am responsible for contacting the City of Port Orange at **least two business days prior to any pending draft** to confirm receipt of this cancellation. I understand that I am responsible for ensuring payments on any bills printed prior to this immediate cancellation request.

Once this form is processed a copy will be mailed/emailed to you with your first draft date

- ❖ If making a change, please select when you would like this change to become effective:
 - Immediately
 - After Pending Draft

Customer Signature: _____ **Today's Date:** _____

FOR OFFICE USE: HOW WAS FORM RECEIVED: In Office - Drive Thru – Drobox - Mail - Fax - E-Mail

Update Information Note Account First Draft Date: _____