

Customer Name: \_\_\_\_\_ Cycle: \_\_\_\_\_ Route: \_\_\_\_\_  
(Last, First)



## Auto-Pay Request

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

FOR OFFICE USE:

First Draft Date- \_\_\_\_/\_\_\_\_/\_\_\_\_

Utility Account Number: \_\_\_\_\_ - \_\_\_\_\_

Customer Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Bank Phone Number: \_\_\_\_\_

### IF PAYEE IS NOT THE ACCOUNT HOLDER

Payee Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Please provide a voided check or Letter from your Bank with your Routing and Account Number. If using starter check please provide a copy of driver's license**

I hereby authorize the City of Port Orange to automatically initiate debit entries (charges) to my bank account (and for my bank to accept and post such debit entries) indicated above for the payment of all bills rendered to this account by the City of Port Orange. I understand that the City of Port Orange will continue to send a bill each month at least 10 days before my bank account is to be charged and that the City of Port Orange may impose a fee in the event a debit entry is not paid by my bank. **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 prior to the time that the account has been charged. 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.

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

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: \_\_\_\_ Voided Check or Letter Attached: \_\_\_\_ Rep: \_\_\_\_

Updated Phone # on account: \_\_\_\_ Copy Mailed/Emailed to Customer: \_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_