



AUTHORIZATION FOR AUTOMATIC BANK PAYMENT

Automatic Bank Payment is a payment option that allows you to pay your utility bill without having to write a check. Your bill will be electronically paid through your bank account on the due date. You will still receive a notice in the mail so you will know how much your bill is and when it will be paid but, your bill will be electronically paid from your bank account for you.

The City offers this service, at no charge, as a convenience to its customers. On the due date you simply need to be sure that sufficient funds are in your bank account to cover the amount of the bill.

Complete the authorization below and return it by mail (City of DeLand, Finance Department, 120 South Florida Avenue, DeLand, FL 32720), in person at City Hall or put it in one of our drop boxes at City Hall. To help us confirm your payment information, we ask that you include a voided check from your checking account or a deposit slip from your savings account. Please note that we cannot process your request without this. If you have any questions, please call Customer Service at (386) 626-7051 or email us at billing@deland.org.

Authorization:

I hereby authorize the City of DeLand to automatically initiate debit entries (charges) to my bank account (and for my bank to accept and post such debit entries) indicated below for the payment of utility services rendered by City of DeLand.

This authority is to remain in effect until the City of DeLand has received notification from me of its termination in such a manner as to afford the City of DeLand and the Bank a reasonable opportunity to act on it. I have the right to stop payment of charge entries by notifying the City of DeLand in writing. The City of DeLand must receive this notice no later than 10 days prior to the time the account will be charged in order to make any changes to this authorization. Any erroneous or incorrect charge will be corrected upon notification to the City of DeLand.

City of DeLand Utility Account #: _____

Customer Name: _____ Telephone #: _____
(Please print)

Social Security Number: _____

Service Address: _____

Bank name: _____

Bank Address: _____

Bank Telephone #: _____ Type of Account: Checking _____ Savings _____

Bank Routing (ABA) #: _____ Bank Account #: _____

Customer Signature: _____ Date: _____

**PLEASE CONTINUE TO PAY AS NORMAL UNTIL YOUR BILL INDICATES
"PAID BY BANK DRAFT".**