



AUTO-PAY AUTOMATIC WITHDRAWAL AUTHORIZATION

City of New Port Richey
Billing and Collections Department
City Hall, 5919 Main Street
New Port Richey, FL 34652
Phone: (727) 853-1061 Fax: (727) 853-1245

ACCOUNT INFORMATION

Customer Name(s)	_____		
	<i>Last</i>	<i>First</i>	<i>MI</i>
Street (Service) Address	New Port Richey		FL
	<i>Number</i>	<i>City</i>	<i>State</i> <i>Zip Code</i>
Mailing Address (if different)	_____		
	<i>Number</i>	<i>City</i>	<i>State</i> <i>Zip Code</i>
Day Phone	_____		
	Home Phone _____		
City of NPR Utility Account #	_____		
Additional Accounts (if applicable)	_____		

FINANCIAL INSTITUTIONAL INFORMATION

Name	_____		
	Branch _____		
	<i>Bank, Credit Union or other financial institution located in the U.S. that participates in automatic withdrawal payment plans.</i>		
Please Choose One:			
<input type="checkbox"/> Savings Account #	_____		
	<i>Please attach a voided blank deposit slip for account number verification</i>		
<input type="checkbox"/> Checking Account #	_____		
	<i>Please attach a voided blank check for account number verification (voided deposit slip cannot be used)</i>		
Auto-Pay will usually begin within 60 days after we receive your authorization form. You will know the automatic withdrawal request is in effect when you receive a utility statement with the words "Bank Draft" on it.			

CUSTOMER AUTHORIZATION

Signature	_____	Date	_____
Signature	_____	Date	_____
This authorization is to remain in full force and effect until the City of New Port Richey has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the City of New Port Richey and Depository a reasonable opportunity to act on it.			

Completed form and voided blank check or voided deposit slip may be mailed or delivered to:
City of New Port Richey, Attn: Utility Billing Supervisor
5919 Main Street, New Port Richey, FL 34652