



City of DeLand
120 S. Florida Avenue
DeLand, FL 32720
386.626.7051

ABP & FLEXPAY Authorization Add or Change

Authorization for ABP Standard or ABP FLEXPAY (15 & 30)

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 the 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 written notice no later than 10 days prior to the time the bank account will be charged in order to make any changes to this authorization.** The utility account will require a zero balance to add or change financial institutions.

Attach a copy of a voided check from your CHECKING account or a deposit slip from your SAVINGS account

I understand by choosing to participate in FLEXPAY 15, or FLEXPAY 30 my first bill may be for a longer or shorter billing period since my utility account will be placed in a different bill cycle. This may result in a higher or lower bill amount on my first month's bill, when compared to my normal bill amount. If I choose to stop or cancel this program, my first bill for my standard bill cycle may be for a longer or shorter billing period.

****Please see attached Terms and Conditions for reduce deposit guidelines.**

Circle Selection:

ABP Standard
(due on regular due date)

FLEXPAY 15
(due on 15th of month)

FLEXPAY 30
(due on 30th of month)

Utility Account Number #: _____ Service Address: _____

Customer Telephone #: _____ Alternate Telephone #: _____

Customer Name: _____ Signature: _____

Ask about adding a \$1.00 monthly credit incentive to your utility account. When you sign up for ABP in addition to eBill, you will receive a total of \$2.00 per month credit incentive which is applied to your utility account.

RETURN FORM: City of DeLand, 120 S. Florida Avenue, DeLand, FL 32720 – billing@deland.org - Fax (386) 626-7137

CONTINUE TO PAY AS NORMAL UNTIL YOUR BILL INDICATES "BANK DRAFT"