

RETURN TO: City of DeLand, 120 South Florida Avenue, DeLand, FL 32720



## GO GREEN – GET GREEN



### **\$1.00 A MONTH CREDIT WHEN YOU SIGN UP FOR eBILL**

Please complete Section A below, include your email address, and every month you will receive an email with a copy of your utility bill. You will receive a \$1.00 credit monthly.

#### **Section A – Authorization for eBill**

I hereby authorize the City of DeLand to automatically send my monthly utility bill to my email address. I understand I will no longer receive a paper bill in the mail. I also understand I will receive a credit of one dollar per month as long as I receive my monthly utility bill via email.

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 a reasonable opportunity to act on it. **The City of DeLand must receive this notice no later than 10 days prior to the time the utility bill will be generated in order to make any changes in the mailing process.**

Customer Account Number #: \_\_\_\_\_ Customer Name: \_\_\_\_\_

Service Address: \_\_\_\_\_ Customer Telephone #: \_\_\_\_\_

Customer Email address: \_\_\_\_\_

Signature: \_\_\_\_\_ INTERNAL USE ONLY: e-Bill complete: \_\_\_\_\_ Cycle #: \_\_\_\_\_

### **\$2.00 A MONTH CREDIT WHEN YOU SIGN UP FOR eBILL and ABP**

Please complete Section B below to receive an additional \$1.00 credit monthly for signing up for Automatic Bank Payment (ABP). Your bill will automatically be paid from your bank account on the due date. A total of \$2.00 per month credit incentive will be applied to your account for signing up for both eBill and ABP.

*Attach a copy of a voided check from your checking account or a deposit slip from your savings account*

#### **Section B - Authorization for ABP**

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 notice no later than 10 days prior to the time the account will be charged in order to make any changes to this authorization.**

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

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

Bank Telephone #: \_\_\_\_\_ Type of Account: **Checking** \_\_\_\_\_ Savings \_\_\_\_\_

Bank Routing (ABA) #: \_\_\_\_\_ Bank Account #: \_\_\_\_\_

Customer Signature: \_\_\_\_\_ INTERNAL USE ONLY: ABP complete: \_\_\_\_\_ Cycle #: \_\_\_\_\_

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

---

CUSTOMERS WISHING TO SIGN UP FOR ABP WITHOUT eBILL MAY DO SO BY FILLING OUT THE AUTHORIZATION FORM LOCATED ON OUR WEBSITE AT WWW.DELAND.ORG BUT PLEASE UNDERSTAND WE CANNOT OFFER ANY INCENTIVE IF eBILL IS NOT SELECTED.