SUBMIT

City of Umatilla Florida

Automatic Bill Payment Discontinuation

I (we) hereby request **CITY OF UMATILLA** discontinue debit entries to my (our) ☑ Checking account or ☐ Savings account indicated below for payment of my (our) utility bill.

DEPOSITORY (BANK) NAME: _____

City _____ STATE: _____ ZIP: _____

ROUTING/ABA NO: _____ ACCOUNT NO: _____

This form must be submitted by the 28th day of the month preceding the next draft. Failure to do so may result in your account being drafted. If the payment is returned, a fee will be assessed on your utility account.

Customer Name(s): _____

Service Address: _____

Customer Account #: _____

Customer Phone #: _____

_____ _____
Customer Signature Date

_____ _____
Customer Signature Date

Please return this form to City Hall or via email at utilities@umatillafl.org Call 352-669-3125 with any questions.

OFFICE USE ONLY: Received on _____ by: _____

Entered by: _____ Account Noted: _____

Post Office Box 2286 ♦ 1 South Central Ave ♦ Umatilla, Florida 32784 ♦ 352-669-3125 ♦ Fax 352-669-8313
www.umatillafl.org