



City of DeLand
120 S. Florida Avenue
DeLand, FL 32720
Ph: 386.626.7051
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ABP & FLEXPAY Request to Remove

Please complete and return form if you wish to **remove** the designated financial institution for the Automatic Bank Payment (ABP) or FLEXPAY payment option from your City of DeLand utility account. If you are also enrolled in the e-Bill and currently receive a \$1.00 incentive on your utility bill for ABP or FLEXPAY, this incentive will be removed upon processing this request.

Authorization to Remove

I hereby authorize the City of DeLand to REMOVE my request for ABP or FLEXPAY from my bank account indicated below for payment of utility services rendered by the City of DeLand.

This authorization 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 request no later than 10 days prior to the time the bank account will be charged in order to make any changes to the ABP or FLEXPAY information.

Utility Account Number: _____ Phone Number: _____

Customer Name: _____

Service Address: _____

Bank Name: _____ Circle Type of Account: Checking Savings

Bank Routing # : _____ Bank Account # : _____

Customer Signature: _____ Date: _____