



City of DeLand
120 S. Florida Avenue
DeLand, FL 32720
Ph: 386.626.7051
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Authorization for Electronic Bill (e-Bill) Request to Add, Change or Remove

Please complete and return form if you wish to sign up, change or remove Electronic Bill (e-BILL). Please be sure to include your email address below. Every month you will receive an email with an attachment of your utility bill.

Authorization to Add, Change or Remove e-Bill

- ADD** I hereby authorize the City of DeLand to automatically send my monthly utility bill to my designated email address. I understand that by adding my email address below, I will no longer receive a paper bill in the mail. I understand I will receive a \$1.00 credit incentive per month, as long as I receive my monthly utility bill via email.
- CHANGE** I hereby authorize the City of DeLand to automatically send my monthly utility bill to my revised designated email address. I understand that by adding my new email address below, I will continue to receive my bill by e-Bill. I understand I will continue to receive a \$1.00 credit incentive per month, as long as I receive my monthly utility bill via email.
- REMOVE** I hereby authorize the City of DeLand to remove my email address for e-Bill and send my paper monthly utility bill in the mail. I understand I will no longer receive a \$1.00 credit incentive per month by cancelling this service. In addition, if I have chosen to participate in ABP or FLEXPAY I will no longer receive any additional incentives per month by canceling this service.

*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 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.*

Utility Account Number: _____ Phone Number: _____

Customer Name: _____

Service Address: _____

Email Address: (*please print clearly*) _____

Customer Signature: _____ Date: _____