

UPDATE OR CANCEL AUTO PAY AUTHORIZATION FORM

Account Number	Customer Name (as it appears on your bill)
Service Address	Daytime Telephone (with area code)
Please choose one of the two options below and s	ign at the bottom.
Please CANCEL my authorization for Auto Pay	YES NO
I understand that if there is a payment already so payment has been made by my financial institution	heduled this authorized change will take effect after on.
Please UPDATE my authorization for Auto Pay	YES NO
Name of New Financial Institution	CHECKING SAVINGS Type of Account (Select One)
I understand that I may discontinue this payment writing, before the next billing cycle is completed.	service by notifying my local customer service office in
When making any change to auto pay be prepared identification when going to your local customer se	
	matically initiate charges (debit entries) to my bank account post such charges for the payment of all bills rendered to
	nd me a statement each month. Your account will be d County Utility Services will apply a service charge in
Please sign and date this form if you agree to acce	ept these terms as stated above.
Account Holder Signature	 Date
Secondary Account Holder Signature	Date
Primary Email Address	

Customer Service Offices

Barefoot Bay Water & Sewer 931 Barefoot Blvd, Suite 2

Barefoot Bay, FL 32976

Phone: 772-664-5916

Email: BFB.Billing@brevardfl.gov

North Brevard Water & Sewer

2262 High Dr. Mims, FL 32754 Phone: 321-264-5130

Email: Mims.Billing@brevardfl.gov