



UTILITY ACCOUNT ADJUSTMENT UPDATE FORM

120 Malabar Road SE • Palm Bay, FL 32907 • Phone: 321-952-3420

Fax: 321-727-0693 • Email: ucs@pbfl.org • www.pbud.org

SELECT ONE:

Owner Tenant Realtor/Property Manager

Intructions: Please print clearly and complete all sections of the form that apply to you. Submit completed form and documentation online, in person or mail to the above address.

SERVICE INFORMATION:

Change Billing Address (fill out sections 1, 2, and 5)

Enroll in Automatic Bank Draft (fill out sections 1, 3, and 5)

Enroll in E-Bill Notification (fill out sections 1, 3, and 5)

Name Change (fill out sections 1, 4, and 5)

Suspend Solid Waste Service (fill out sections 1, 2, and 5)

SECTION ONE:

Name(s) on Account:

Preferred Contact Number:

Service Address:

Secondary Contact Number:

SECTION TWO:

New Billing/Forwarding Address:

City, State, and Zip Code:

SECTION THREE:

Would you like to enroll in our Automatic Bank Draft Payment Option? Yes No

NOTE: Auto draft is available to all customers. Monthly water customers receive an \$18 annual credit after 12 months of uninterrupted bank drafting. **Please attach a voided check if you wish to enroll.**

REVIEW AND INITIAL: "I have given authority to the City of Palm Bay, providing services to the account(s) listed, to draw drafts against my bank account for payment of my utility bills. I authorize such drafts to be drawn and presented for payment until authority is revoked. I understand that payments will be drafted ten (10) days after the date of my bill. Should I close my utility account I understand that my final bill will be drafted. I also understand that if I change billing instructions, it is my responsibility to provide new account information to the City of Palm Bay. Failure to do so, may result in missed payments and/or return fees."

Initial:

Would you like to “go green” and receive notification of your bill via email? Yes No

Email Address: _____

SECTION FOUR:

Change name on the existing account from: _____ to _____

In order to process your request, we require the following:

- If due to divorce: A copy of the divorce decree.
- If due to marriage: A copy of the marriage license.
- Legal name change: A copy of the court document showing name change.

SECTION FIVE:

Suspension of Solid Waste from _____ to _____

NOTE: *Solid waste is limited to a six month suspension per twelve month period.*

SIGNATURE (Required):

Please be advised that all information provided in this application becomes a matter of Public Record, and the City is required to make the information available upon request, with the exception of information designated by law as ‘exempt’ or ‘confidential’.

Customer Signature: _____

Date: _____

By submitting this form electronically you are providing an electronic signature and confirm that you have read and understand the above disclosures.

FOR SCAN:

Account Number: _____

Document Type: _____

CSR Initials: _____