



## Pasco County Utility Billing Electronic Funds Transfer (EFT) Form

Automatic monthly payments can be established by completing the Electronic Funds Transfer (EFT) Form and either mailing it to P. O. Box 2139, New Port Richey, FL 34656-2139 or dropping it off at one of our Customer Service Locations:

### Dade City

14236 Sixth Street, Ste 103

Walk-up Services:

Monday-Friday, 8:30 a.m.-4 p.m.

### Land O Lakes

19420 Central Boulevard

Walk-in and Drive-through:

Monday-Friday, 8:30 a.m.-4 p.m.

### New Port Richey

11355 DeCubellis Road

Walk-in and Drive-through:

Monday-Friday, 8:30 a.m.-4 p.m.

For any questions or concerns, please email us at [AutoPay@MyPasco.net](mailto:AutoPay@MyPasco.net).

### **ACCOUNT AND CONTACT INFORMATION:**

Pasco County Utilities Account Number: (enter 7 digits) \_ \_ \_ \_ \_ \_ \_

Pasco County Utilities Customer Number: (enter 8 digits) \_ \_ \_ \_ \_ \_ \_ \_

Name on Account: \_\_\_\_\_

Service Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### **YOUR BANK INFORMATION:**

Name of Bank: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Bank Routing Number: (enter 9 digits) \_ \_ \_ \_ \_ \_ \_ \_ \_

Bank Account Number: (varies) \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

\* Please continue to pay your bill until your billing statement shows that your account is in an EFT status. It will take approximately 4 weeks from the time we receive your request.

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### **Authorization**

*I authorize Pasco County Utilities to initiate debit entries to my bank account for utility services provided. I understand that the total outstanding balance will be automatically deducted on the due date indicated on my monthly billing statement. My authorization will remain in effect until Pasco County Utilities has received written notification from me of its termination in such time and in such manner as to afford Pasco County Utilities a reasonable opportunity to act upon it. I understand that Pasco County Utilities reserves the right to limit participation to customers with accounts in good standing and discontinue services if payment is rejected due to insufficient funds.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## SAMPLE CHECK

Name \_\_\_\_\_ 0123  
ADDRESS \_\_\_\_\_ 01-2345/6789  
CITY, STATE ZIP \_\_\_\_\_

DATE \_\_\_\_\_

PAY TO THE  
ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ DOLLARS

BANK NAME  
ADDRESS  
CITY, STATE ZIP

FOR \_\_\_\_\_  
I:0123456781I: 01234567890123I 0123  
(Routing Number) (Account Number)