



**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:

<u>Dade City</u> 14236 Sixth Street, Ste 103 Walk-up Services: Monday-Friday, 8:30 a.m.-4 p.m.	<u>Land O Lakes</u> 19420 Central Boulevard Walk-in and Drive Thru: Monday-Friday, 8:30 a.m.-4 p.m.	<u>New Port Richey</u> 7536 State Street Walk-in and Drive Thru: Monday-Friday, 8:30 a.m.-4 p.m.
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For any questions or concerns, please email us at 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.

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 _____	_____
⑆0123456781⑆	01234567890123⑆ 0123
(Routing Number)	(Account Number)