



CITY OF NICEVILLE AUTOMATIC DRAFT & EMAIL BILLING SIGN UP FORM

Office 850-279-6436 ext. 1100 or Option 6

Official Use Only	
Date Received:	_____
Received by:	_____
System Correction Done	
Date Input:	_____
Done By:	_____

Please return completed form to the City of Niceville by one of the following methods.

1. Email to utilitybill@nicevillefl.gov.
2. Delivery in person to the City of Niceville Utility Billing Office. (Located at: 208 N. Partin Dr. Niceville, FL 32578.)

Customers/Business Name (Last, First, MI): _____

Service Address: _____

Contact Phone#: _____ Utility Account#: _____

Signature _____ **Date** _____

AUTOMATIC DRAFT:

By signing above, I authorize the City of Niceville to draft the account listed monthly for the total amount due on the 10th, unless it falls on a weekend/holiday then it will be the bank's next business day. I understand I must continue to make payments as usual until "PAID BY DRAFT" appears on my bill, as all new applications will be subject to the pre-note process. Failure to do so could result in additional fees and/or cutoff for non-payment. I understand this authorization will remain in effect until written notice has been received of its termination. This bank draft may be terminated by the City of Niceville upon notification receipts of being declined/returned for any reason. I understand it will be my responsibility to notify the City of Niceville if my bank account information is changing and/or my bank account closes.

Initial Request Change to a new bank account *(Must fill out the current cancellation below)*

CHECKING ACCOUNT SAVINGS ACCOUNT **(A voided check is REQUIRED for drafts from checking/savings accounts.)**

BANK ROUTING ABA #: _____ BANK ACCOUNT#: _____

NAME ON BANK ACCOUNT: _____ BANK NAME: _____

CANCEL CURRENT AUTO DRAFT **Notice of termination must be submitted by the 20th for changes to take effect on your next bill**

I no longer wish to automatically draft my utility bill. Please make corrections to reflect this change as of _____

CURRENT BANK ACCOUNT #: _____ CURRENT BANK NAME: _____

EMAIL BILLING:

By signing above, I authorize the City of Niceville to deliver my monthly utility bill to this email address. I understand that I will no longer receive paper bills through the mail. I understand that I am responsible for notifying the City of Niceville, in the event any corrections to my email address must be made. I understand that I will be responsible for any fees that may be acquired due to the inability to deliver/receive my utility bill for any reason via email. I understand this authorization will remain in effect until written notice of termination is provided by me to the City of Niceville.

Initial Request Change to a different email address *(Must fill out the current cancellation below)*

EMAIL ADDRESS (Please print clearly) _____

CANCEL CURRENT EMAIL BILLING **Notice of termination must be submitted by the 20th for changes to take effect on your next bill**

I no longer wish to receive my utility bill by email. Please make corrections to reflect this change as of _____

EMAIL ADDRESS (Please print clearly) _____