

UPDATE OR CANCEL AUTO PAY AUTHORIZATION FORM

Account Number	Customer Name (as it appears on your bill)
Service Address Please choose one of the two options below and s	Daytime Telephone (with area code)
Please CANCEL my authorization for Auto Pay I understand that if there is a payment already so payment has been made by my financial institution	YES NO cheduled this authorized change will take effect after on.
Please UPDATE my authorization for Auto Pay	YES NO
CHECKINGSAVINGSName of New Financial InstitutionType of Account (Select One)I understand that I may discontinue this payment service by notifying my local customer service office in writing, before the next billing cycle is completed.	
	ervice office. matically initiate charges (debit entries) to my bank account
as indicated herein, and for my bank to accept and me by Brevard County Utilities.	d post such charges for the payment of all bills rendered to
	nd me a statement each month. Your account will be rd County Utility Services will apply a service charge in
Please sign and date this form if you agree to acco	ept these terms as stated above.
Account Holder Signature	Date
Secondary Account Holder Signature	Date
Primary Email Address	er Service Offices
Barefoot Bay Water & Sewer	North Brevard Water & Sewer
931 Barefoot Blvd, Suite 2	2262 High Dr.
Barefoot Bay, FL 32976	Mims, FL 32754
Phone: 772-664-5916	Phone: 321-264-5130
Email: BFB.Billing@brevardfl.gov	Email: Mims.Billing@brevardfl.gov