

**APPLICATION
CITY OF PINELLAS PARK
AUTOMATIC BILL PAYMENT SERVICE**



Section 1

City Utility Account #: _____

Name on Utility Bill: _____

Service Address: _____

Social Security Number: _____

Phone number where you can be reached during business hours: _____

Name of Bank: _____

Account to be Charged: Checking Savings

Bank Account Number: _____

Bank Routing Number: _____

For a checking account, please enclose a blank check marked VOID. For a savings account, please enclose a deposit slip marked VOID. Be sure the ABA routing number is included. Contact your financial institution if the routing number is not on the slip. This service is only available through US Banks.

I have included a voided check or savings slip and hereby authorize my financial institution to debit my account in the name of the City of Pinellas Park.

Signature: _____

Date: _____

Section 2

If you prefer not to include a voided check or deposit slip, complete the top section of this form and then take it to your bank and have them complete the information below.

FOR BANK USE ONLY

Financial Institution: _____

Branch: _____

City: _____

State: _____

Zip: _____

Routing Number: _____

Account Number: _____

Telephone: _____

Bank Authorized Signature: _____

Date: _____

Please return completed form to the City of Pinellas Park Utility Billing Division at:
www.pinellas-park.com/CustomerService