



CITY OF PUNTA GORDA

BILLING AND COLLECTIONS

126 HARVEY ST

PUNTA GORDA, FL 33950

(941) 639-2528

PGCollections@CityofPuntaGordaFL.com

ELECTRONIC BILLING STATEMENT AUTHORIZATION

Account Number: _____ - _____

Service Address: _____

Name: (please print) _____

Email Address: _____

PLEASE
INITIAL

I authorize the City of Punta Gorda to send an electronic billing statement, monthly, to the email address provided above in place of a paper statement sent via the U. S. Postal Service.

PLEASE
INITIAL

I understand that it is my responsibility to notify the billing and collections department of any changes to the above email address or if I wish to discontinue receiving my monthly billing statement electronically and receive a paper statement via the U. S. Postal Service, instead.

PLEASE
INITIAL

I acknowledge that a failure to receive a billing statement does not excuse the account from penalties, service disconnection, or any other applicable fees.

This authorization is for the delivery of the monthly statement, only.

If you wish to have your payment automatically deducted from your checking account each month, please email pgcollections@pgorda.us to request the enrollment form.

DATE: ____ / ____ / ____ SIGNATURE: _____