



CITY OF PUNTA GORDA

BILLING AND COLLECTIONS

126 HARVEY ST

PUNTA GORDA, FL 33950

(941) 639-2528

FAX: (941) 575-5042

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](mailto:pgcollections@pgorda.us) to request the enrollment form.**

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SIGNATURE: \_\_\_\_\_