City of DeFuniak Springs, Florida

New Account Disclosure Form

Welcome to the City of DeFuniak Springs!

1. I understand that to have my services connected, I will need to be at the service location at the time specified_____. I also understand if I am not there at the appointed time, it will be my responsibility to call and reschedule my connection for the next business day. An additional connect fee may be applied.

2. I will receive my first bill on or around the 5th of _____.
Should I not receive a bill, it is my responsibility to contact the Utility Billing Department. Whether I receive a bill or not, I understand it is a monthly utility service being provided that is due on the 15th of each month.

3. I have until the **15th** (excluding City observed Holidays and weekends) **to pay my bill without a 10% penalty**.

4. If my account is unpaid by the end of business day on the **24th**, my account is subject to **disconnection on the 25th** (excluding City observed Holidays or weekends).

5. Should my services be disconnected, I understand a $30.00 reconnection fee and balance in full will be required. If an after-hours call to reconnect service is made, a $70.00 reconnection fee and balance in full is required.

6. The City of DeFuniak Springs collects your social security number for the following purposes: classification of accounts, identification and verification of credit worthiness. Social Security numbers are also used as a unique number identifier and may be used for such purposes.

7. To pay my bill: I can mail a payment in using the enclosed envelope with my bill, put a payment in the night drop depository in the rear of the City Hall Building, pay with a debit/credit card or e-check by calling 1-855-414-9015 or by visiting www.defuniaksprings.net. The Utility Billing Department can be reached by calling 850-892-8500 option 1, Monday through Friday 8am to 5pm (excluding City observed Holidays).

Location # _____
Deposit Amount Paid: _____ Cash/Check #_____ CSR Initial_____

I have read and understand the above information.
 Customer's Signature_____**Date:**_____