

Bank Draft Application Form

(please print)

Customer Name: _____

Street Address: _____

City: _____

Zip: _____

Social Security Number or Driver's License Number:

Home Telephone: (____) _____

Work Telephone: (____) _____

Cellular Telephone: (____) _____

Gas Bill Account Number: _____

Mailing Address Change

Address: _____

City: _____

State: _____ Zip: _____

Banking Account Number: _____

Name as it appears on the account: _____

Checking Savings

Bank Institution: _____

I authorize the City of Pensacola to draft my bank account automatically for payments of my monthly bill.

I have included a voided check from my bank.

Customer Signature

Signature: _____

Date: _____

Please return the completed form with your bill payment to or fax it to:

City of Pensacola
Treasury Division
P.O. Box 12910
Pensacola, FL 32521-0044
Fax: 850-435-1827

***Questions? Call our Customer Care Center at
(850) 435-1800.***



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