

Please *check the box* to select option:

CHARLOTTE COUNTY UTLITIES

PO BOX 516000 Punta Gorda, FL 33951-6000 Phone: 941.764.4300 Fax: 941.764.4557

Email: CCUSupport@CharlotteCountyFL.gov "To exceed expectations in the delivery of public services"

Payment Refund or Payment Transfer Request Form

As a customer of Charlotte County Utilities, you may request a payment refund or payment transfer. Complete this form along with the necessary supporting documents to show proof of payment for refund or transfer to be considered. Please be advised that submittal of this form does not prevent your account from further action in compliance with the Utilities' Credit and Collections policy.

Please supply the following required documentation for the process to be completed.

1. A letter from your banking institution confirming the payment amount, proof that it has cleared, the account holders name on the account.

or

2. A copy of your bank statement clearly showing the name of the account holder on the account, and that the payment amount has cleared the account. <u>All other transactions not pertaining to the request may be blacked out.</u>

*** Refunded payments will be refunded to the Person or Business that made the payment ***

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Owner: Tenant: (if tenant, please provide proof of move-out date)
Other D Please explain:
If requesting a refund:
Utility account number:
Mailing Address:
Name of Payee:
Daytime Phone Number:
Refund amount:
If requesting a payment transfer from old account number to a new account number:
Account number payment was applied to:
Account number to transfer payment to:
Payment amount needed to be transferred:
With my signature below, I acknowledge the above information is accurate and all documents requested are included. I understand that if the requested documentation is not included with this form, my request for refundant be delayed or rejected.
Signature: Date: