

# **Homosassa Special Water District**

## **AUTOMATIC DEBIT PROGRAM**

**The Homosassa Special Water District has established a Policy for its Customer's if they choose to have their water bills automatically debited from their bank account. The following are the procedures for this program:**

- 1. Water bills are mailed ordinarily on the 1<sup>st</sup> of the month.**
- 2. Customer's should contact the office if there are questions or disputes on their water bill as soon as possible.**
- 3. On the 15<sup>th</sup> of the month, if there are no changes in the billing, your bank account will be debited for the amount shown on your bill.**
- 4. New accounts require a pre-note test from the bank and will not be deducted until the following month.**
- 5. Any changes in customer Banking information will require the completion of a new authorization form.**
- 6. In the event your account cannot be debited due to insufficient funds, you will not be able to continue to use the Automatic Debit Program for one year. The customer will be responsible for all bank charges. In the event that this is a bank error, there will be no late fees charged to the customer.**

**To have your water bill paid by automatic debit, please complete the enclosed authorization form, include a voided check and return them to the Homosassa Special Water District, P.O. Box 195, Homosassa, FL 34487-0195**

**If you have any questions please contact our office at (352) 628-3740**

**Homosassa Special Water District**

Homosassa Special Water District  
P.O. BOX 195  
HOMOSASSA, FL 34487-0195  
352-628-3740  
352-628-4865 (FAX)  
EMAIL - [hswd@tampabay.rr.com](mailto:hswd@tampabay.rr.com)

**ELECTRONIC FUND TRANSFER PAYMENT**

**AUTHORIZATION FORM**

**This is my (our) authorization of my (our) bank, named below, to deduct from my (our) checking or savings account (as specified below) and pay to the Homosassa Special Water District the amount of my monthly water bills. This authorization shall continue until I (we) notify you IN WRITING to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I (we) can stop payment of any entry by notifying my financial institution and The Homosassa Special Water District, (In Writing) 3 days prior to my account being charged.**

\_\_\_\_\_  
**Bank Name**

\_\_\_\_\_  
**Branch**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City, State**

**Checking Account #:** \_\_\_\_\_ **or Savings Account #** \_\_\_\_\_

**Bank Routing #** \_\_\_\_\_

\_\_\_\_\_  
**Customer Name (PRINT)**

\_\_\_\_\_  
**Customer Signature**

\_\_\_\_\_  
**H.S.W.D. Account Number**

\_\_\_\_\_  
**Customer Address**

\_\_\_\_\_  
**Customer Phone Number**

\_\_\_\_\_  
**Social Security Number**

**IMPORTANT: PLEASE ENCLOSE A BLANK, VOIDED CHECK SO WE CAN OBTAIN THE NECESSARY ROUTING AND ACCOUNT NUMBERS !**

**ELECTRONIC FUND TRANSFERS CAN ONLY BE DONE WITH BANKS IN THE UNITED STATES.**