

Homosassa Special Water District
P.O. BOX 195
HOMOSASSA, FL 34487-0195
352-628-3740
352-628-4865 (FAX)
EMAIL - 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.