

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 1st 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 15th 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

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.