

Homosassa Special Water District
PO BOX 195
Homosassa, FL 34487-0195
352-628-3740
352-628-4865 (FAX)

ELECTRONIC FUND TRANSFER AUTHORIZATION FORM

By signing the form below, you are authorizing Homosassa Special Water District to debit from your banking institution the amount of your monthly water bill.

This authorization shall continue until you notify the district to cancel the monthly debit to your account, either by contacting the office and or in writing, if the notification to cancel comes after the debit has been submitted the customer will be responsible for the debit that has taken place until it clears the banking institution and has been applied to the account, at that time we will then remove your ACH Auto Draft per your request.

At this time, we can only accept Electronic Fund Transfers from Banking institutions in the United States only.

Name of Bank _____

City & State _____

Bank Routing # _____

Checking Account # _____

Customer Name _____

Customer Address _____

HSWD Acct # _____

Customer Phone # _____

Customer Signature _____

PLEASE ENCLOSE BLANK VOIDED CHECK OR DOCUMENTATION FROM BANKING INSTITUTION SHOWING ROUTING & ACCT INFORMATION OR ACH WILL NOT BE PROCESSED.