



## Homosassa Special Water District

PO Box 195  
Homosassa, FL 34487

Business Hours: 7:00 AM - 5:30 PM, Monday - Thursday  
Excepting Holidays

Phone (352) 628-3740 [hswd@homosassawater.com](mailto:hswd@homosassawater.com) Fax (352) 628-4865

### Recurring ACH Payment 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 from your account by contacting the office and completing the Cancellation of Recurring ACH Payment Form. 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 remove your Recurring ACH Payment per your request.

At this time, we can only accept Recurring ACH Payments from banking institutions in the United States.

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

**City & State** \_\_\_\_\_

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

**Checking Account #** \_\_\_\_\_

**Customer Name** \_\_\_\_\_

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

**HSWD Account #** \_\_\_\_\_

**Customer Phone #** \_\_\_\_\_

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

**PLEASE ENCLOSE A BLANK VOIDED CHECK OR DOCUMENTATION  
FROM YOUR BANKING INSTITUTION SHOWING ROUTING &  
ACCOUNT INFORMATION, OR THE ACH WILL NOT BE PROCESSED**

HSWD Initials: \_\_\_\_\_

Date: \_\_\_\_\_