



**HERNANDO COUNTY UTILITIES DEPARTMENT
ELECTRONIC FUND TRANSFER PAYMENT REQUEST
AUTHORIZATION FORM**

Return this Form to:
Hernando County Utilities Department
Attn: Billing
7405 Forest Oaks Blvd.
Spring Hill, FL 34606

This is my (our) authorization to my (our) bank, named below, to deduct from my (our) checking account and pay to Hernando County Utilities the amount of my (our) monthly water and /or sewer bills. This authorization shall continue until notice of cancellation is received by Hernando County Utilities in such time as to afford a reasonable opportunity to act on it.

EFT APPLICATIONS CAN TAKE UP TO TWO BILLING CYCLES TO PROCESS. PLEASE CONTINUE TO PAY YOUR BILL UNTIL THE EFT ACTIVATION NOTICE APPEARS ON YOUR STATEMENT.

****ELECTRONIC FUND TRANSFERS CAN ONLY BE ACCOMPLISHED WITH BANKS LOCATED IN THE UNITED STATES****



New Participant

Change an Existing Account

(Please check one.)

H.C.U.D. ACCOUNT NUMBER: _____

DATE TO STOP EXISITING EFT: _____

(ONLY NEEDED IF YOU ARE CHANGING AN EXISTING ACCOUNT.)

TELEPHONE NUMBER: _____

NAME AS IT APPEARS ON YOUR HCUD ACCOUNT: _____

NAME AS IT APPEARS ON YOUR BANK ACCOUNT: _____

BANK NAME: BRANCH: _____

BANK'S MAILING ADDRESS: _____

PLEASE SIGN YOUR NAME (S) EXACTLY AS YOU DO ON YOUR CHECKS

Signed Date

BE SURE TO ENCLOSE A BLANK VOIDED CHECK IF USING A CHECKING ACCOUNT SO THAT WE CAN OBTAIN NECESSARY ROUTING AND ACCOUNT NUMBERS.



Cancel EFT Banking Information

H.C.U.D. ACCOUNT NUMBER: _____

NAME AS IT APPEARS ON YOUR HCUD ACCOUNT: _____

DATE YOU WANT EFT STOPPED: _____

PLEASE SIGN YOUR NAME (S) EXACTLY AS YOU DO ON YOUR CHECKS

Signed Date