



*****CHECKING ACCOUNT*****

ELECTRONIC FUND TRANSFER PAYMENT-AUTHORIZATION FORM

This is my (our) authorization of my (our) bank, named below, to deduct from my (our) bank CHECKING account, as specified below and pay to the Citrus County Utility Division the amount of my monthly utility service bills. This authorization shall continue until written notice of cancellation is received either by my (our) bank or by the Citrus County Utilities Division in such time as to afford a reasonable opportunity for the Bank or the Division to act on the notice.

Utility Account Number: _____
Customer Name(s) (please print name as it appears on your bank account): _____ _____
Customer's Service Address: _____ _____
Customer's Phone Number: _____

Bank Name: _____	Bank Account Number: _____
Bank Telephone Number: _____	Bank Routing Number: _____

Customer(s) Signature (please sign name as it appears on your bank account): _____ _____
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IMPORTANT: Please enclose a blank voided check so that we can verify bank data.

Please mail completed form and voided check to:

**Citrus County Utilities
3600 W Sovereign Path
Lecanto, FL 34461-9014
(Phone) 352-527-7650
(Fax) 352-527-7644**

waterresources@citrusbocc.com

If you would prefer to receive paperless monthly bill statements by email, check here () _____
and provide your email address: _____.

Please note, until automatic withdraw starts, you are responsible for paying the monthly account balance in full.