



# Floral City Water Association Inc.

P.O. Box 597 Floral City, Fl 34436  
8189 South Florida Avenue  
Phone (352) 726-3366 Fax (352) 726-6063  
www.fcwater.com

## ACH Recurring Payment Authorization Form

Floral City Water Association, Inc. offers an automatic payment option to our members for their convenience. Please return this form along with a **VOIDED** check of the checking account you wish to have your monthly water bill payment drafted from. If you do not have checks for the account you wish to use, we also will accept a letter from your banking institution on their letterhead with your name and checking account information.

The automatic draft will occur on the 25th of every month or the next working weekday after. This payment is drafted prior to the due date of the 5th of each month. Please note you will still receive a monthly bill statement to keep you notified as to what your consumption was and to be aware of the amount that will be withdrawn from your account. Your bill will state **\*\*\*To Be Paid By Draft\*\*\*** located at the bottom left of the bill, once you are on automatic draft.

If you have any questions concerning this, please feel free to contact our office at (352) 726-3366.

Thank You,  
Floral City Water Association, Inc.

### **AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

I \_\_\_\_\_ authorize Floral City Water Association Inc. to initiate debt entries to my checking account indicated below at the depository financial institution named below to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Depository Name \_\_\_\_\_ City / State \_\_\_\_\_

Name on Account \_\_\_\_\_

Routing # \_\_\_\_\_

Account # \_\_\_\_\_

Customer Account (s) # \_\_\_\_\_ to be drafted starting \_\_\_\_/\_\_\_\_/\_\_\_\_

This authorization is to remain in full force and effect until I notify Floral City Water Association Inc. of its termination in such time and in such manner as to Floral City Water Association a reasonable opportunity to act on it.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

