

# **ELECTRONIC FUNDS TRANSFER PAYMENT AUTHORIZATION FORM**

Return this form to:

## **City of Brooksville**

Attn: Customer Service  
201 Howell Avenue  
Brooksville, FL 34601  
(352) 540-3810

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

**City of Brooksville Account Number:** \_\_\_\_\_

**Name as it appears on your City of Brooksville Account:** \_\_\_\_\_

**Name as it appears on your Bank Account:** \_\_\_\_\_

**Bank Name and Branch:** \_\_\_\_\_

**Bank's Mailing Address:** \_\_\_\_\_

**Savings Account Withdrawal**

**Checking Account Withdrawal**

(Please Circle One)

Please sign your name(s) exactly as you do on your checks.

**Signature:** \_\_\_\_\_

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

Please be sure to enclose a blank voided check if using a checking account or a savings deposit slip if using a savings account so that we might obtain the necessary routing and account numbers.

*Electronic Fund Transfers can only be accomplished with banks located in the United States.*