

## Tips for Viewing and Using Fillable PDFs

### **Save the form to your computer before completing it**

Fillable PDF forms may be completed and saved using [Adobe Acrobat Reader](#) or a similar application (this software must be downloaded on your computer). You can either type information directly into each field or copy and paste text. The font is preselected and cannot be changed. Use only regular text (upper and lower cases); the system will not accept underlined text, bold or italics, script or formulas, curved or slanted apostrophes, double quotation marks or long dashes.

You can save your data and re-open the file later to modify or enter additional information.

### **Submitting fillable forms**

To submit a form using [Adobe Acrobat Reader](#) , you can directly click on the “**SEND FORM**” link at the bottom of the form. Or you can attach the form and send it by email to [nsid@nsidfl.gov](mailto:nsid@nsidfl.gov)

### **Use the latest version of Adobe Reader**

To open and complete the PDF application forms, you will need Adobe Reader (the latest version is recommended). If you do not have it installed on your computer, you may download the latest version free of charge from <http://get.adobe.com/reader/otherversions>.

### **Print from Acrobat, not the browser**

If the fillable form is displayed within your web browser’s window be sure to use the printer button on the Acrobat toolbar menu to print the form instead of your web browser’s print function.



# NORTH SPRINGS IMPROVEMENT DISTRICT

## ACH AUTHORIZATION FORM

Take advantage of Automatic Debit and avoid late fees. Simply enter your information below, send a VOIDED check along with this form, and we will enroll your account in our AUTOMATIC DEBIT PROGRAM.

New Account

Stop Account

Change Account

Utility Billing Account Number:\*

First Name on the Account:

Last Name on the Account:

Service Address:\*

City:\*

State:\*

Zip code:\*

Home Phone:\*

Mobile Phone:\*

Email:

\*\*\*\*\* REQUIRED FOR ACH \*\*\*\*\*

Bank or Financial Institution:\*

Account Type:\*

Checking

Savings

ABA/Routing Number:\*

Account Number:\*

### \*\* IMPORTANT DISCLOSURES \*\*

I hereby authorize North Springs Improvement District to deduct funds from my checking or savings account at the financial institution named below, to pay the amounts due on my water utility bill on a monthly basis. I acknowledge that the receipt of a monthly utility bill from North Springs Improvement District constitutes notice to me about the amount that is owed, and that amount will be deducted on the payment due date specified on the bill. In addition, I understand that I can stop these automatic ACH payments if I notify North Springs Improvement District Water Billing Department in writing, via email at [info@nsidfl.gov](mailto:info@nsidfl.gov) or by fax (954) 755 - 7317, no less than 10 business days prior the next due date. I also understand that North Springs Improvement District can stop my participation at any time without notice. I agree to notify North Springs Improvement District Water Billing Department promptly if any of my banking information changes. I understand that there will be a charge to me for each payment that cannot be processed due to insufficient funds, closed account, etc. I also understand that if this automatic debit is not honored by my bank or financial institution for any reason, my utility account will be assessed a late penalty (the amount will be dependent on the amount of the check) and my utility service may be disconnected for nonpayment.

*\*Please note that the Financial Institution may also charge for payments returned from the bank for insufficient funds\**

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

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

\*\*\*\*\* NORTH SPRINGS IMPROVEMENT DISTRICT STAFF NOTES \*\*\*\*\*

NSID Representative:

Date Received:

Account Update On:

Other Notes: