**BANK DRAFT AUTHORIZATION**

**I authorize the Saluda County Water and Sewer Authority to draft my checking account beginning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for payment of water/sewer service. I understand that my account will be drafted each month on or about the 15th of the month. If the 15th falls on a holiday or weekend, the account will be drafted on the next business day.**

**I further understand that thirty (30) days notification to the Saluda County Water and Sewer Authority is REQUIRED prior to discontinuation of the bank draft.**

**CUSTOMER’S BANK NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BANK TRANSIT NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Lower Left – First Group of Numbers on Check**

**BANK DRAFT CHECKING**

**ACCOUNT NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Lower Left – Second Group of Numbers on Check**

**NAME AS APPEARS ON**

**CHECKING ACCOUNT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Please Print**

**A VOIDED BLANK CHECK MUST BE ENCLOSED**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Signature**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Date**

***This institution is an equal opportunity provider and employer.***