



Saluda County Water & Sewer Authority

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.