## **BANK DRAFT AUTHORIZATION**

I authorize the Saluda Count	ty 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
	ount will be drafted on the next business day.
,	·
I further understand that thi	rty (30) days notification to the Saluda County Water and
<b>Sewer Authority is REQUIR</b>	ED prior to discontinuation of the bank draft.
CUSTOMER'S BANK NAM	Œ:
BANK TRANSIT NUMBER	
	<b>Lower Left – First Group of Numbers on Check</b>
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
	<del></del>
	Signature
	<del></del>
	Date

This institution is an equal opportunity provider and employer.