

SUMMERTON WATER AND SEWER BANK DRAFT AUTHORIZATION FORM

I have read this entire form. By completing this form and sending it to the Town of Summerton Utility Department, I agree to the following:

1. The Town of Summerton Utility Department and my bank both reserve the right to terminate my participation in this program at any time.
2. *I will continue to receive a water bill giving usage and debit details. A notification will be printed on my statement indicating the date and amount that will be drafted.* I will continue to examine my water bill statement when I receive it from my bank account. If my statement indicates that the draft will not be made for some reason, I will either make the payment myself or contact the Town of Summerton Utility Department to investigate the reason for non-payment.
3. If I wish to discontinue my bank draft or change any banking information, I will notify the Town of Summerton Utility Department at least fifteen (15) days prior to any pending draft. If I do not notify the Utility Department of any changes at least fifteen (15) days prior to a pending draft, the Utility Department will not guarantee that the change or cancellation will be made before the draft. Any consequences suffered by the customer due to the customer not giving timely notice will not be the responsibility of the Town of Summerton Utility Department.
4. I authorize the Town of Summerton Utility Department to initiate variable credits/debits to my checking/savings account identified on this application for payment of my water bills. I further authorize such bank to debit/credit the same to such account. This authorization remains in effect until appropriately revoked as stated above.
5. A voided check from appropriate bank account must be attached and form must be signed above for the Town of Summerton Utility Department to process this application.
6. The name on the water account must match the name on the applicable bank account. If it does not, please contact our Customer Service at 803-485-2525 ext. 1.
7. If you have been disqualified from this program in the past, you may be automatically disqualified again as stated in #1 above.

SIGNATURE: _____ DATE: _____

TYPE OF REQUEST: <input type="checkbox"/> NEW ENROLLMENT <input type="checkbox"/> MODIFY CURRENT AUTO DRAFT <input type="checkbox"/> CANCEL AUTO DRAFT
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CUSTOMER ACCOUNT INFORMATION: ACCOUNT NUMBER _____ NAME ON THE ACCOUNT _____ SERVICE LOCATION _____ PHONE NUMBER _____

BANK NAME: _____ BANK ACCOUNT NUMBER: _____ BANK ROUTING NUMBER: _____
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VOID CHECK AREA