*Saluda Commission of Public Works*

PO Box 686 / 203 Greenwood Hwy

Saluda, South Carolina 29138

Telephone: 864-445-2090 Keith Berry

Fax: 864-445-2121 Superintendent

**BANK DRAFT AUTHORIZATION FORM**

I authorize Saluda Commission of Public Works to draft my checking account beginning \_\_\_\_\_\_\_\_\_\_\_\_\_\_ for payment of water, sewer, and garbage service. I understand that I will receive a monthly bill showing the amount to be drafted. I also understand that in the event the bank returns my draft for non-payment, I will be charged a $30.00 return draft fee and that will be added to my account.

Bank Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank Routing Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(first group of numbers on bottom of check)

Checking Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(second group of numbers on bottom of check)

Customer name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(must be the same as it appears on checking account)

I further understand that 30 days notification to the Saluda Commission of Public Works is REQUIRED prior to discontinuance of the bank draft.

*\*\* A voided blank check must be enclosed with this form. \*\**

Customer signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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