

BANK DRAFT AUTHORIZATION

To: _____ and South Island Public Service District
NAME OF BANK AND BRANCH IF ANY

YOUR NAME AS SHOWN ON BANK ACCOUNT

ACCOUNT NUMBER FROM YOUR WATER BILL

ADDRESS WHERE YOU RECEIVE SERVICE

NAME FROM **YOUR WATER BILL**

I HEREBY GIVE AUTHORITY TO SOUTH ISLAND PSD TO DRAW DRAFTS AGAINST MY ACCOUNT IN PAYMENT OF MY SOUTH ISLAND PSD BILLS. UNTIL THIS AUTHORITY IS REVOKED IN WRITING AND RECEIVED BY THE ABOVE NAMED BANK **AT LEAST 10 WORKING DAYS PRIOR** TO A PRESENTATION OF A DRAFT. THE BANK IS AUTHORIZED TO PAY THESE DRAFTS WHEN SO DRAWN AND PRESENTED FOR PAYMRNT AND TO CHARGE THE SAME TO MY ACCOUNT. I FURTHER AGREE TO NOTIFY SOUTH ISLAND PSD IN WRITING IF I WITHDRAW THIS AUTHORITY

YOUR SIGNATURE AS ACCEPTED BY BANK

DATE

NOTE: If you have more than one water account and wish to have drafts drawn for all such accounts, please list all account numbers and return to:

SOUTH ISLAND PUBLIC SERVICE DISTRICT
P.O. Box 5148
Hilton Head Island, SC 29938

ATTACH VOIDED CHECK HERE:
(Please note **it must be a voided check and not a deposit slip**)