

## BANK DRAFT AUTHORIZATION

I authorize the City of Abbeville Public Utilities to draft my bank account for the amount of my monthly utility bill from the financial institution below. I understand I will receive a monthly statement by mail which indicates the amount due and draft date. This authorization remains in effect until revoked by me in writing.

## PLEASE PRINT

Name as it appears on the Utility Accou	unt:
Service Address:	
Mailing Address:	
Telephone #	_ Driver's License #
Social Security #	Utility Account #
Name as it appears on the Bank Account	nt:
Name of Bank:	
Please check which applies: Checking Account Savings Account	
Bank Transit #(first nine numbers lower left side of ch	Account #
Signature:	Date:
Please enclose a voided check or a copy Abbeville Public Utilitie PO Box 639 Abbeville, SC, 29620	es ·

or email to customerservice@abbevillecitysc.com or fax to 864-366-8052

Accounts are normally drafted on the  $10^{th}$  of the month (or the next business day if the  $10^{th}$  is on a weekend or holiday).