

Bank Draft Authorization

To: _____ AND BROAD CREEK PUBLIC SERVICE DISTRICT

NAME OF BANK AND BRANCH (IF ANY)

YOUR NAME AS IT APPEARS ON BANK ACCOUNT

ACCOUNT NUMBER FROM YOUR BILL

ADDRESS WHERE YOU RECEIVE SERVICE

NAME FROM YOUR BILL

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

Mail To:
BROAD CREEK PUBLIC SERVICE
DISTRICT
P.O. BOX 5878
HILTON HEAD ISLAND, SC 29938

Email To:
manderson@bcpsd.com

I HEREBY GIVE AUTHORITY TO BROAD CREEK PSD TO DRAW DRAFTS AGAINST MY ACCOUNT IN PAYMENT OF MY BROAD CREEK 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 PAYMENT AND TO CHARGE THE SAME TO MY ACCOUNT. I FURTHER AGREE TO NOTIFY BROAD CREEK PSD IN WRITING IF I WITHDRAW THIS AUTHORITY.

YOUR SIGNATURE AS ACCEPTED BY BANK

DATE

(PLEASE ATTACH VOIDED CHECK)