

# **BANK DRAFT AUTHORIZATION**

NAME OF BANK AND BRANCH (IF ANY): \_\_\_\_\_

YOUR NAME AS IT APPEARS ON BANK ACCOUNT: \_\_\_\_\_

BANK ACCOUNT NUMBER: \_\_\_\_\_

BANK ROUTING NUMBER: \_\_\_\_\_

NAME ON YOUR UTILITY BILL: \_\_\_\_\_

\*ACCOUNT NUMBER(S) ON YOUR UTILITY BILL(S): \_\_\_\_\_

\*UTILITY SERVICE ADDRESS(S): \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT): \_\_\_\_\_

\* If this applies to multiple accounts, please include them.

RETURN FORM ALONG WITH A **VOIDED CHECK** TO:

BROAD CREEK PUBLIC SERVICE DISTRICT  
PO BOX 5878, HILTON HEAD ISLAND, SC 29938

OR FAX TO: 843-785-8196

OR SCAN AND EMAIL TO: [manderson@bcpsd.com](mailto:manderson@bcpsd.com)