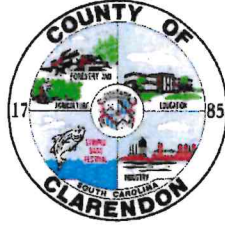


# CLARENDON COUNTY WATER & SEWER DEPARTMENT



## Bank Draft Authorization Form

All accounts are drafted on the due date stated on monthly bill.

411 Sunset Drive, Manning, SC 29102

803-433-3255

NAME (Please Print): \_\_\_\_\_

Water Service Account Number: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Bank Account Number: \_\_\_\_\_

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

Type Account (Savings/Checking): \_\_\_\_\_

I hereby authorize my monthly water bill payment to be deducted from my checking/savings account listed above.

Signature: \_\_\_\_\_

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

\*\*\*\*\*VOIDED CHECK OR SAVINGS DEPOSIT SLIP MUST BE ATTACHED\*\*\*\*\*