

Account # _____
(CPW use only)

Saluda Commission of Public Works
PO Box 686 / 203 Greenwood Hwy
Saluda, South Carolina 29138

Telephone: 864-445-2090
Fax: 864-445-2121

John Lorick
Senior Manager

BANK DRAFT AUTHORIZATION FORM

I authorize Saluda Commission of Public Works to draft my checking account beginning _____ for payment of water, sewer, and garbage service. I understand that I will receive a monthly bill showing the amount to be drafted. I also understand that in the event the bank returns my draft for non-payment, I will be charged a \$30.00 return draft fee and that will be added to my account.

Bank Name: _____

Bank Routing Number: _____
(first group of numbers on bottom of check)

Checking Account Number: _____
(second group of numbers on bottom of check)

Customer name: _____
(must be the same as it appears on checking account)

I further understand that 30 days notification to the Saluda Commission of Public Works is **REQUIRED** prior to discontinuance of the bank draft.

**** A voided blank check must be enclosed with this form. ****

Customer signature: _____

Date: _____