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 the month of _____ for payment of water, sewer, and garbage service. The draft payments are processed on the 15th of the month to allow time for them to come in prior to the due date. 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: _____