



BANK DRAFT AUTHORIZATION FORM

Please include a VOIDED check with this form.

Authorization, Terms and Conditions: By mailing the completed enrollment form to Newberry County Water and Sewer Authority (Authority), you authorize the Authority to automatically debit your checking account each month for the amount of your water/sewer bill. Your payments will be debited from your checking or savings account on the due date printed on your bill. This authorization applies to the account shown on the enclosed VOIDED check. To change the account, you must submit a VOIDED check for the new account. Your participation is subject to the Authority's approval. The Authority has the right to terminate this payment option at any time. You may discontinue this service at any time with 30 days advance written notice to the Authority. If for any reason the draft is returned, you will be required to pay the amount of the bank draft transaction plus a return fee of \$30.00 in cash or money order. All charges, terms and conditions are subject to change. Any adjustments to your account balance received up to five business days before your payment date may be reflected in your direct debit amount. You understand and agree that the Authority is not liable for erroneous bills or incorrect debits to your account, except that should an error in the bill occur. The Authority is not responsible for any bank fees as a result of this program. The Authority reserves the "right to terminate option" if your bank returns a payment. This agreement does not alter in any way the term and conditions of your water/sewer service Agreement or separately negotiated contract.

I hereby authorize Newberry County Water and Sewer Authority (NCWSA) to debit my checking or savings account each month in the amount of my water/sewer bill. I understand that the date of this debit will be the due date printed on the bill each month.

Date _____

Signed _____ NCWSA Acct. # _____

Address of Water Service _____

Print Your Name _____ Daytime Phone No. _____