

**DONALDS-DUE WEST WATER
AND SEWER AUTHORITY
Post Office Box 245
Donalds, South Carolina 29638
Phone: 379-2226
Fax: 379-3203**

AUTHORIZATION AGREEMENT FOR BANK DRAFT PAYMENTS

Bank

Draft Bank Name: _____ Bank Routing Number: _____
City: _____ State: _____ ZIP: _____
My Account #: _____ Name on Account: _____
My Phone #: _____

Complete the authorization agreement below and attach a voided check.

Business Name: Donalds-Due West Water & Sewer Authority

I authorize Donalds-Due West Water & Sewer Authority to initiate charge entries to my checking account/credit card and the Bank/Corporation named to debit/charge my account. This authority is to remain in force until the Corporation has received written notification from me of its termination in such time and such manner as to afford the Corporation a reasonable opportunity to act on it. A customer has the right to stop payment of a debit entry by notifying the Bank/Corporation prior to charging the account. If Donalds-Due West Water & Sewer Authority initiates an erroneous debit entry to a customer's account, the customer shall have the right to have the amount of the entry credited to his/her account by the Bank/Corporation. If, within 15 calendar days following the date on which the Bank/Corporation sent the customer a statement of account or written notice pertaining to the entry or 46 days after posting, whichever occurs first, the customer shall have sent to the Bank/Corporation a written notice identifying the entry, stating that the entry was in error and requesting the Bank/Corporation to credit the amount to his/her account.

Your Name: _____ Water Acct. #: _____

Signed: X _____ Date: _____

FOR USE BY DONALDS-DUE WEST WATER & SEWER AUTHORITY

Effective Date: _____	/	Approved: _____	/	Cancelled: _____
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If we can answer any questions please call 864-379-2226.