



BANK DRAFT AUTHORIZATION

I authorize the City of Abbeville Public Utilities to draft my bank account for the amount of my monthly utility bill from the financial institution below. I understand I will receive a monthly statement by mail which indicates the amount due and draft date. This authorization remains in effect until revoked by me in writing.

PLEASE PRINT

Name as it appears on the Utility Account: _____

Service Address: _____

Billing Address: _____

Telephone # _____ Driver's License # _____

Social Security # _____ Utility Account # _____

Name as it appears on the Bank Account: _____

Name of Bank: _____

Please check which applies: Checking Account Savings Account

Bank Transit # _____ Account # _____
(first nine numbers on lower left bottom of check)

Signature: _____ Date: _____

Please enclose a voided check or a copy of a check and return to:
Abbeville Public Utilities
P.O. Box 639
Abbeville, SC 29620

or fax to (864) 366-8052.

Accounts are drafted on the 10th of the month (or the next business day if on a weekend or holiday)