

# Bank Draft Authorization

To: \_\_\_\_\_ and South Island Public Service District

NAME OF BANK AND BRANCH IF ANY

\_\_\_\_\_  
**YOUR NAME AS SHOWN ON BANK ACCOUNT**

\_\_\_\_\_  
**BANK ROUTING NUMBER**

\_\_\_\_\_  
**BANK ACCOUNT NUMBER**

\_\_\_\_\_  
**ACCOUNT NUMBER FROM YOUR WATER BILL**

I hereby give authority to South Island PSD to draw drafts against my account in payment of my South Island PSD bills. Until this authority is revoked in writing and received by the above-named bank at least 10 business days prior to a presentation of a draft. The bank is authorized to pay these drafts when so drawn and presented for payment and to charge the same to my account. I further agree to notify South Island PSD in writing if I withdraw this authority.

\_\_\_\_\_  
YOUR SIGNATURE AS ACCEPTED BY THE BANK

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADDRESS WHERE YOU RECEIVE SERVICE

\_\_\_\_\_  
NAME FROM **YOUR WATER BILL**

**NOTE:** If you have more than one water account and wish to have drafts drawn for all such accounts, please list all account numbers.

RETURN TO:

***SOUTH ISLAND PUBLIC SERVICE DISTRICT***

P.O. Box 5148

Hilton Head Island, SC 29938