

CITY OF MANNING



Draft Authorization Form

NAME (Please Print): _____

WATER SERVICE ACCOUNT NUMBER: _____

SERVICE ADDRESS _____

MAILING ADDRESS: _____

NAME OF BANK: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

ACCOUNT NUMBER: _____

I hereby authorize for my monthly water bill payment to be deducted from my checking account.

I would like my account drafted on the: (please check one)

15th of each month _____

21st of each month _____

ACCOUNT HOLDER SIGNATURE: _____

DATE: _____

***** ATTACH VOIDED CHECK HERE *****

INSTRUCTIONS FOR COMPLETING DRAFT AUTHORIZATION FORM

ITEM 1: PRINT NAME AS IT APPEARS ON WATER BILL

ITEM 2: PRINT ACCOUNT NUMBER AS IT APPEARS ON WATER BILL.

ITEM 3: PRINT MAILING ADDRESS (IF DIFFERENT FROM SERVICE ADDRESS), OTHERWISE LEAVE BLANK OR WRITE SAME.

ITEM 4: PRINT NAME OF BANK WHERE ACCOUNT WILL BE DRAFTED.

ITEM 5 & 6: ENTER THE ADDRESS OF THE BANK.

ITEM 7: ENTER BANK ACCOUNT NUMBER.

ITEM 8: CHOOSE THE DESIRED DATE FOR BANK DRAFT.

ITEM 9 & 10: ACCOUNT HOLDER SIGN AND DATE FORM.

ITEM 11: ATTACH A VOIDED CHECK.

Note: It requires a two month period to implement bank draft.

- **THE FORM MUST BE FILLED OUT IN ITS ENTIRETY.**
- **THE SIGNED ORIGINAL FORM MUST BE RETURNED TO
THE CITY OF MANNING
PO BOX 546
MANNING, SC 29102**