

*The Town of Honea Path
204 South Main Street
Honea Path, SC 29654*

Bank Draft Authorization Form

I (we) authorize The Town of Honea Path, hereinafter called The Town, to initiate debit entries to my (our) [] Checking [] Savings account (select one) indicated below and the bank named below, hereinafter called bank, to debit same to such account.

Note: Drafts to begin in 1 to 2 bill cycles.

Bank Name _____

City _____ State _____ Zip _____

Transit / ABA NO. _____ Account No. _____

This authority is to remain in full force and effect until The Town and Bank has received written notification from me (or either of us) of its termination in such time and in such manner as to afford The Town and Bank a reasonable opportunity to act. In the event that the bank account does not have sufficient funds to cover the monthly payment, it will be your responsibility to manually pay the bill plus any NSF check fee by cash or money order.

Activated accounts will display the message "BANK DRAFT DO NOT PAY" on their monthly billing statement. Once activated, the draft will occur on or about the 10th of each month, excluding weekends and holidays.

Name _____ Address _____

Home Phone _____ Work Phone _____

Water Bill Account No. _____

Signature _____ Date _____

A VOIDED DEPOSIT SLIP MUST BE ATTACHED TO THIS FORM.
