



# Town of Summerton

Post Office Box 279  
10 Main Street  
Summerton, SC 29148  
PH: 803-485-2525  
FX: 803-485-2914

---

## DRAFT AUTHORIZATION FORM

NAME (PLEASE PRINT): \_\_\_\_\_

WATER SERVICE ACCOUNT #: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

NAME OF BANK: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

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

**ACCOUNT HOLDER SIGNATURE:** \_\_\_\_\_

DATE: \_\_\_\_\_

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