

Town of Sullivan's Island
Post Office Box 427
Sullivan's Island, SC 29482
(843) 883-3198

Authorization Agreement For Preauthorized Payments

Bank Authorization

I (we) hereby authorize Sullivan's Island Water and Sewer Department to initiate debit entries to my (our) Checking/Savings account indicated below at the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

Customer Name: _____ Customer Account #: _____

Customer Service Address: _____

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Account Number: _____ Routing Number: _____

This authorization is to remain in full force and effect until Sullivan's Island Water and Sewer Department has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Sullivan's Island Water and Sewer Department and DEPOSITORY a reasonable opportunity to act on it.

Names on Account: _____

Signature: _____ Print Name: _____

Signature: _____ Print Name: _____

Sullivan's Island Authorization:

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Account Number: _____ Routing Number: _____

Signature: _____ Print Name: _____

Signature: _____ Print Name: _____

Date: _____