

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company
Name York County Water and Sewer

I (we) hereby authorize York County Water and Sewer, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository
Name _____

Routing Account
Number _____ Number _____

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

Name(s) _____ York County Water and Sewer
(Please Print) Account Number _____

Date _____ Signature _____

**YOU MUST ENCLOSE A VOIDED CHECK
TO ACTIVATE A BANK DRAFT.**

Draft forms will be returned if voided check is not enclosed. Draft must be from checking account in same name as water and sewer account. Draft will begin approximately two (2) months after form is received. Any adjustments to your account may not be reflected until your next bill. Payment block on bill will state 'PAID BY DRAFT' once draft is in effect.

Please mail completed form to:

1070 Heckle Blvd., Suite 101, Box 10 Rock Hill, SC 29732.

Please call (803) 327-8639 or (803) 628-3211 if you have any questions.