



AUTOMATIC DRAFT AGREEMENT

1800 12th ST, CAYCE, SC 29033 803-796-9020 M-F 8:30-5:00 www.caycesc.gov

NAME _____ PHONE (____) _____ - _____
ADDRESS _____ CITY _____ ZIP _____
UTILITY ACCOUNT NUMBER _____ - _____

To stop Automatic Draft – Please provide the City of Cayce written notification 15 days prior to cancellation date. The City of Cayce reserves the right to discontinue automatic draft at any time.

I (we) understand and agree that automatic withdrawals may vary in amount for each billing period based on usage and may include late charges if applicable. I (we) understand that most water/sewer accounts are billed bi-monthly, with the exception of flat rate sewer accounts, which are billed monthly. I also understand that I (we) will continue to receive, for my (our) review, a utility bill, which will include charges and/or usage.

Checking Account authorization

____ AUTHORIZATION FOR RECURRING CHECKING ACCOUNT TRANSACTIONS

I (we) hereby authorize City of Cayce to initiate debit entries and to initiate, if necessary, adjusting entries (debit or credit) to my (our) Checking Account indicated below. This authority is to remain in full force and effect until the City of Cayce has received written notification to terminate authorization. I (we) understand and agree that my (our) **Checking Account will be charged as billed per my account’s billing cycle and drafted at close of business on the due date reflected on my (our) billing statement.**

CIRCLE ONE: Checking Account

Bank Name: _____ City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ - _____

Transit/ABA #: _____ Account #: _____

Account Holder Name: _____

Signature: _____ Date: _____

I (we) acknowledge receipt of a completed copy of this Automatic Draft Agreement.

Signature: _____

VOIDED CHECK MUST BE ATTACHED
