

Southside Rural Water District  
3087 Anderson Hwy  
Liberty S.C. 29657  
Mailing: P.O. Box 73, Liberty, S.C. 29657

**BANK DRAFT APPLICATION**

Customer acct # \_\_\_\_\_  
Name \_\_\_\_\_  
Service address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone # \_\_\_\_\_

**WE WILL NEED A VOIDED CHECK TO BE RETURNED WITH THIS APPLICATION.** If you do not have checks, we will accept a letter from your bank ( on their letterhead) with your bank account number and routing number along with your banks contact information.

**DRAFTED:** Drafts will occur on the 15<sup>th</sup> on each bi-monthly billing. If the 15<sup>th</sup> falls on a Saturday, Sunday or a holiday, we will draft your account the last working day prior to the 15<sup>th</sup>.

**BILLS:** You will receive a bill as before with the same verbiage. ( Please note: The bill will not state the amount due will be drafted on the 15<sup>th</sup>).

**RETURN BANK DRAFTS:** All bank drafts returns, for any reason, will be charged a \$30.00 return ACH fee.

The signed bank draft agreement will remain in force until such time as the customer chooses to terminate the draft agreement with written notice within 15 days before the time of termination.

By my signature I agree to these terms.

BANK NAME \_\_\_\_\_  
BANK ACCT NO. \_\_\_\_\_  
ROUTING NO. \_\_\_\_\_

1<sup>ST</sup> DRAFT DATE \_\_\_\_\_ 15<sup>TH</sup> \_\_\_\_\_  
CYCLE \_\_\_\_\_

CUSTOMER SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_  
RECEIVED BY: \_\_\_\_\_