

A Voided Check must be returned with this form

**CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH
(ACH DEBITS)**

I hereby authorize **Darlington County Water & Sewer Authority** hereafter called COMPANY, to electronically debit my account (and, if necessary, to credit my account to correct erroneous debits) as follows:

_____ Checking Account/_____ Savings Account at the depository financial institution named below. **I agree that ACH transactions I authorize comply with all applicable law.**

Depository Name _____

Routing Number _____ Account Number _____

Names on the Account _____

Amount of debit/credit is as indicated on monthly billing

Date and/or frequency of debit(s) is Once monthly as indicated on monthly billing

Water Account # _____

Phone # _____

I understand that this authorization will remain in full force and effect until I notify COMPANY in writing that I wish to revoke this authorization. I understand the COMPANY requires at least 5 business days prior notice in order to cancel this authorization.

Name _____ Date _____

Signature _____