

**Town of West Pelzer
Automatic Draft Authorization Form**

Account Number: _____

Name: _____

Billing Address: _____

Credit/Debit Card Number: _____

Credit/Debit Card Expiration Date: _____

I, _____, give the Town of West Pelzer the permission to draft the full amount of my water/sewer bill from my account using the information provided above beginning _____ and each month following.

I wish to have my account drafted on the 15th of each month.

If any account information changes I understand that it is my responsibility to notify the Town of West Pelzer at least 10 days before the next scheduled draft.

Sign

Date

***Please supply a copy of your driver's license; This information will be used for draft payments of your water/sewer bill only by authorized Town employees only. Your information will not be shared with any other agencies or individuals.**