

BANK DRAFTING AUTHORIZATION FORM

I (we) hereby authorize the City of Charleston to initiate a charge entry to my (our) checking/savings account at the *Financial Institution* indicated below, and initiate adjustments (if necessary) for any transactions debited in error. This authority will remain in effect until the City of Charleston is notified by me (us) in writing to cancel it in such time as to afford the City of Charleston and the *Financial Institution* a reasonable opportunity to act on it.

Name of Financial Institution

Location (City, State)

Financial Institutions's Routing Transit number: ___ ___ ___ ___ ___ ___ ___ ___

Water billing account #

Bank account #

Name (Please print)

Date:

Signature

Please attach a VOIDED Check