

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED
DEPOSITS (CREDITS)**

I hereby authorize **Berkeley County Public Service Sewer District/Berkeley County Public Service Water District** to initiate credit entries to my account number indicated below at the depository named below and to initiate, if necessary, debit entries or adjustments for any credit error.

Please attach a voided check.

Depository Name _____

City _____ State _____ Zip _____

Transit/Routing ABA # _____ Account Number _____

Account Type: Checking

Billing Balance

I acknowledge that the origination of ACH transaction to my account must comply with the provisions of U.S. Law. This authority is to remain in full force and effect until written notice of my intention to terminate this agreement (30 days notice is required) has been provided.

() Please Check and sign if you do not want to continue with the ACH withdrawal.

Creditor Name—Please Print

Date

Creditor Signature

NOTE: You will continue to receive a monthly billing from the district. The purpose of this is for you the customer to be able to keep track of you water consumption and minimize any leaks which may occur.

The ACH Transaction will be submitted on or about the 30th of the month, depending on weekends and holidays, in this case the day before or after.