



AUTHORIZATION AGREEMENT DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize Town of Williston Water & Sewer Department, Hereinafter called COMPANY, to debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account.

Financial Institution Name

City/State

Routing Number

Account Number

Type of Account

_____ Checking _____ Savings (Must have Check writing ability)

This authority is to remain in full force and effect until COMPANY has received Written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Name on Water Account

Signature

Water Account Number

Date

COPY OF VOIDED CHECK MUST BE ATTACHED TO THIS FORM!

Complete the form and mail it to the Water/Sewer Department at: 13112 Main Street, Williston, SC 29853 or you can just drop it off at the Town of Williston Water & Sewer Department located at City Hall anytime between 8 am - 5 pm M-F. If you have any questions, please call us at (803)266-7015.