



BANK DRAFT APPLICATION

City of Pickens
PO Box 217
Pickens, SC 29671

www.cityofpickens.com

Phone 864-878-6421

FAX 864-878-0450

Name _____

Soc.Sec.# _____

Phone _____

Service address _____

Water Dept. acct. # _____

I hereby request all payments due to the City of Pickens for water/sewer/sanitation charges be drafted from my bank account until such time as this authorization is revoked in writing. This authority will remain in effect until the City of Pickens has received written notification from me in such time and in such manner as to afford the City of Pickens a reasonable opportunity to act on it.

I understand that these payments will be drafted on the due date which is indicated on my monthly bill.

A voided check must accompany this application.

Until enrollment is complete, please continue to make your payments as you normally would. You will know enrollment is complete when you see the words "BANK DRAFT" on your bill.

Savings
OR
 Checking

Signature of applicant

Bank Account Number

Date

Initials of City Representative

Do not write below this line

Financial Institution _____

Bank Routing Number _____

Bank Account Number _____

Billing Cycle:

Cycle 1

Cycle 2

Cycle 3

First Draft Date _____