

## **Bank Draft Authorization**

Thank you for being a City of Rock Hill Utility customer. As a convenience, we offer automatic bank debits for utility accounts. If you would like to utilize this service, simply fill out this form, attach a voided check from your checking account and mail to: City of Rock Hill Collections, P.O. Box 11706, Rock Hill, SC 29731. If you have any questions, please call (803) 325-2500.

Bank Brant Emoninent i omi	
City of Rock Hill Account Holder Name	<b>:</b>
City of Rock Hill Account(s) Number: _	
Telephone: Home:	Work:
E-Mail Address:	
Bank Routing Number:	_Bank Account Number:
Bank Name:	
Please read this statement, and then s	ign to authorize:
bank account payable to the City of Rock H incur as a customer of the City of Rock Hill. I which is dishonored by the bank for insuffic consequences as though it were a personal bill for utility services. This authorization may	ation to the City of Rock Hill to initiate debit entries upon my lill for itself in payment of any bills for utility services I may agree that any such debit presented by the City of Rock Hill cient funds or due to a closed account will bear the same check made, drawn and presented by me in payment of the be terminated at any time either by me or the City of Rock hout cause, upon written notice to the other.
ACCOUNT HOLDER SIGNATURE and I	DATE
Please mail completed form with a <b>VOIDE</b>	ED CHECK to:

P.O. Box 11706 Rock Hill, SC 29731

Send Fax to: 803-329-7051

**City of Rock Hill Collections** 

**Bank Draft Enrollment Form** 

Deliver to Collections, Rm 285, City Hall, 155 Johnston Street, Rock Hill, SC 29730.

Note: If you have more than one City of Rock Hill account and wish to have drafts on all accounts, please list all account numbers on the form you return. If your bank account number changes or bank merges, please notify us immediately. Your bill will be drafted 13 days from the day it is billed each month.

DON'T FORGET TO INCLUDE A VOIDED CHECK WHEN YOU RETURN THIS FORM!