



**ACH Customer
Authorization Form**

Account #: _____

Account Name: _____

Service Address: _____

Phone Number: _____

Email: _____

Name of Bank: _____

Routing #: _____

Bank Acct. #: _____

***The draft will take place on or around the 10th of each month.**

By signing below, I authorize New Ellenton CPW (NECPW) to deduct from the above checking account. I understand that this agreement will be in effect until I notify NECPW in writing that I want to cancel the monthly draft. NECPW reserves the right to cancel the ACH draft service if there are multiple payments returned within a 12-month period. The customer will be notified by letter if the account is taken off draft for this reason.

The customer will receive a bill around the first of each month stating the amount to be deducted. Should you have a dispute with the amount billed, you must contact NECPW before the 8th of the month to resolve the issue. It is the customer's responsibility to notify NECPW if there are any changes to their account (new routing # or checking account #) that would cause the draft to be returned.

I acknowledge that should my ACH payment be returned/rejected for any reason, I accept full responsibility for all bank charges, Return Check Fees, late fees, etc. relating to the payment not being received by NECPW.

Authorized Signature on bank acct: _____

Date: _____

*****A VOIDED CHECK MUST ACCOMPANY THIS REQUEST*****

Mailing address: Commission of Public Works P.O. Box 490 New Ellenton, SC 29809
Physical address: 100 South Main Street New Ellenton, SC 29809

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