

The Carolinas' Water System



Draft Authorization Form

Name: _____ GSWSA Account #: _____

Bank: _____ City: _____ State: _____

Bank Account #: _____ () Savings () Checking

Bank Routing #: _____ Phone: _____

I hereby authorize the financial institution provided to pay my monthly Grand Strand Water & Sewer Authority bills by charging each payment to my checking/savings account. I agree that each payment shall be the same as if it were an instrument personally signed by me. This authority is to remain in effect until it is revoked by me. In addition, I also have the right to stop payment by timely notification to my financial institution prior to charging my account. I understand that both the financial institution and Grand Strand Water & Sewer Authority reserve the right to terminate this payment plan.

Date: _____ Signature: _____

To ensure the proper information is forwarded to your financial institution, please enclose a voided check and mail the completed form to Grand Strand Water & Sewer Authority, P.O. Box 2308, Conway, SC 29528.

