

CITY OF MANNING



Draft Authorization Form

NAME (Please Print): _____

WATER SERVICE ACCOUNT NUMBER: _____

SERVICE ADDRESS _____

MAILING ADDRESS: _____

NAME OF BANK: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

ACCOUNT NUMBER: _____

I hereby authorize for my monthly water bill payment to be deducted from my checking account.

SIGNATURE: _____

DATE: _____

******* ATTACH VOIDED CHECK HERE *******

INSTRUCTIONS FOR COMPLETING
DRAFT AUTHORIZATION FORM

ITEM 1: PRINT NAME AS IT APPEARS ON WATER BILL

ITEM 2: PRINT ACCOUNT NUMBER AS IT APPEARS ON WATER BILL.

ITEM 3: PRINT MAILING ADDRESS (IF DIFFERENT FROM SERVICE ADDRESS), OTHERWISE LEAVE BLANK OR WRITE SAME.

ITEM 4: PRINT NAME OF BANK WHERE ACCOUNT WILL BE DRAFTED.

ITEM 5 & 6: ENTER THE ADDRESS OF THE BANK.

ITEM 7: ENTER BANK ACCOUNT NUMBER.

ITEM 8 & 9: SIGN AND DATE FORM.

ITEM 10: ATTACH A VOIDED CHECK.

- **THE FORM MUST BE FILLED OUT IN ITS ENTIRETY.**
- **THE SIGNED ORIGINAL FORM MUST BE RETURNED TO
THE CITY OF MANNING
PO BOX 546
MANNING, SC 29102**