



AUTHORIZATION TO STOP EFT PAYMENTS

I do hereby authorize the Summerville Commissioners of Public Works to stop the automatic draft payment for my utility account. I understand that it may take up to 7 business days from the receipt of this letter for this change to occur.

**** IF CUSTOMER IS CLOSING ACCOUNT****

DO YOU WANT TO DRAFT FINAL BILL? Yes No (Select one)

Customer Information

Date to STOP draft

Phone #

SCPW Account Name

SCPW Acct. #

Bank Routing #

Bank Account #

Customer Signature _____ Date: _____

By checking this box, I hereby consent to the use of my electronic signature. I agree that this signature is valid, and has the same effect as a written signature on a paper copy of this document.

*** Office Use Only ***

CSR

Date