



EFT AUTHORIZATION AGREEMENT

This agreement will remain in effect until SCPW has received notice from the undersigned customer only and has been provided reasonable opportunity to take action. To ensure accuracy, a voided check or a bank letter must accompany this agreement. This service will be discontinued if SCPW receives two nonsufficient funds notifications. SCPW will not be responsible for any overdraft or insufficient charges assessed to the bank account due to lack of funds.

Checking Savings (Select one)

Update Existing Information

Customer Information

Bank Routing #

Bank Account #

SCPW Account Name

Phone #

SCPW Acct. #

I hereby authorize the Summerville Commissioners of Public Works to initiate charges to the bank account stated above. The undersigned acknowledges and agrees that SCPW has no liability for any loss, including, but not limited to consequential, special, indirect or other damages, resulting from the failure of any media, banking institution, or the actions or inactions of others.

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.

**** REQUIRED: ATTACH A COPY OF A VOIDED CHECK OR A BANK LETTER ****