

South Island Public Service District
P. O. Box 5148
Hilton Head Island, SC 29938
(843) 785-6224
admin@sipsd.com

Bank Draft Authorization Form

To: _____ and South Island Public Service District
Name of Bank and Branch (if any)

Your name as shown on bank account: _____

Bank routing number: _____

Bank account number: _____

SIPSD account number: _____

Service address: _____

Name from your water bill: _____

Note: If you have more than one account and wish to have drafts drawn for all such accounts, please list all account numbers.

I hereby give authority to South Island Public Service District to draw drafts against my account in payment of my South Island Public Service District bills. Until this authority is revoked in writing and received by the above named bank at least 10 business days prior to a presentation of a draft. The bank is authorized to pay these drafts when so drawn and presented for payment and to charge the same to my account. I further agree to notify South Island Public Service District in writing if I withdraw this authority.

Signature: _____

Date: _____