## CALHOUN COUNTY MUNICIPAL WATER SYSTEM (CCMWS) 1722 Old State Rd., Gaston, SC 29053 (803) 739-1711

## **AUTOMATIC DRAFT AGREEMENT**

Check ONE: (	) Initial Authorization ( ) D	iscontinue ( ) Change
Name	Account Number	Daytime Phone Number
Mailing Address / City / Zip		
Service Address / City / Zip		
To stop Automatic Dra	ft – You must notify us in writing 2	20 days prior to cancellation date
************	**********	*************
listed below to debit and /or credit the s Upper parts of Calhoun County with bil will be charged the account balance	same to such account.  Il due date of the 25th: I understand a  between the 20th and 25th of every of  Il due date of the 30th: I understand a	and agree that my Checking/Savings account
Financial Institution:		Circle One: Checking Savings
Bank City:	State:	Zip:
Bank Phone Number:		
9 Digit Routing #:	Account #	
Please contact your financial institution to conumbers may differ from your checking acc	* * *	g number and correct bank account number. These
Name(s) on Bank Account:		
Signature:		Date:

## A VOIDED CHECK OR SAVINGS ACCOUNT DEPOSIT SLIP MUST BE ATTACHED

It is the responsibility of the account holder to ensure that funds are available on the date of withdrawal. You will be charged a fee if the funds are not available at the time of the payment or submit an incorrect routing number or account number. Calhoun County Municipal Water System reserves the right to remove the customer from the Automatic Draft plan based on declined transaction.

Calhoun County Municipal Water System reserves the right to terminate this service at any time.