



Utilities Bank Draft Form

Return this form along with a copy of a voided check by mail or fax to:
City of Conway, PO Box 1075, Conway, SC 29528, Fax (843)248-1718
Email Customerservice@cityofconway.com with any questions.

Please complete the information below:

I _____ authorize the City of Conway to charge my bank account
(Full name)
indicated below on the 10th of each month for payment of my City of Conway Utility Bill.

Utility Billing Account Number _____ - _____

Name on Account _____ Phone# _____

Billing Address _____

Email Address _____ GO PAPERLESS! YES, Sign me up to receive my bill by email!

Bank Information	
Name on Acct _____	
Bank Name _____	
Account Number _____	
Bank Routing # _____	
Bank City/State _____	

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the City of Conway in writing of any changes in my account information or termination of this authorization. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. Items returned unpaid (NSF, Closed Accounts, etc.) will be charged a \$30 service charge. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.