



## 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](mailto: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 10<sup>th</sup> 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.