

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED  
DEPOSITS (CREDITS)**

I hereby authorize Berkeley County Public Service Sewer District/Berkeley County Public Service Water District to initiate credit entries to my account number indicated below at the depository named below and to initiate, if necessary, debit entries or adjustments for any credit error.

**Please attach a voided check.**

Depository Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Transit/Routing ABA # \_\_\_\_\_ Account Number \_\_\_\_\_

Account Type: { } Checking

{ } Billing Balance

I acknowledge that the origination of ACH transaction to my account must comply with the provisions of U.S. Law. This authority is to remain in full force and effect until written notice of my intention to terminate this agreement (30 days notice is required) has been provided.

\_\_\_\_\_  
Creditor Name—Please Print

\_\_\_\_\_  
Date

\_\_\_\_\_  
Creditor Signature

**NOTE: You will continue to receive a monthly billing from the district. The purpose of this is for you the customer to be able to keep track of you water consumption and minimize any leaks which may occur.**

**The ACH Transaction will be submitted on or about the 30<sup>th</sup> of the month, depending on weekends and holidays, in this case the day before or after.**