



City of Pickens

219 Pendleton Street
P.O. Box 217
Pickens, SC 29671
864-878-6421
(Fax) 864-878-0450

Name
Soc.Sec.#
Service address
Water Dept. acct. #

I hereby request all payments due to the City of Pickens for water/sewer/sanitation charges be drafted from my bank account until such time as this authorization is revoked in writing.

I understand that these payments will be drafted on the due date which is indicated on my monthly bill.

A voided check must accompany this application.

Until enrollment is complete, please continue to make your payments as you normally would. You will know enrollment is complete when you see the words "BANK DRAFT" on your bill.

Savings OR Checking

Signature of applicant Bank Account Number

Date Initials of City Representative

Do not write below this line

Financial Institution
Bank Routing Number
Bank Account Number

Billing Cycle: Cycle 1 Cycle 2 Cycle 3 First Draft Date