

Wise County Public Service Authority
Application for Automatic Recurring Bank Draft

Purpose of form:

New Applicant Change Request Cancel Auto Debit

Customer Name _____ Account Number _____

Service Address _____ City/town _____

Daytime Phone _____ Email _____

Please provide the following information about your bank account:

Name on the Account _____

Bank Name _____

Routing Number _____

Account Number _____

I authorize the Wise County PSA to automatically deduct payment from the account specified, for charges incurred at my service address. I understand that payment will be deducted on the due date of my bill. I also understand that I will be subject to a return check fee of \$50 if insufficient funds are available at the time of the electronic fund transfer. Also, if insufficient funds are available at the time of the electronic fund transfer, your payment is considered late and you will incur the 10% penalty of the bill amount on your water account. If two rejections occur within a year, you will be automatically dropped from the program. I further understand that I have the right to receive notice of the amount of each payment deduction, and that each bill I receive from the Wise Co PSA will constitute such notice. I may suspend payment by filling out the application to cancel auto debit prior to five business days before an amount is to be deducted from my bank account. Wise County PSA reserves the right to terminate this draft and/or my participation.

I have read the above authorization agreement.

Signature _____ Date _____

Automatic recurring bank draft will not start until your next billing cycle.

Mail the completed form with **VOIDED CHECK** to:

Wise County PSA
Attn: Customer Accounting
PO Box 3388
Wise, VA 24293