



BANK DRAFT AUTHORIZATION AGREEMENT

The Halifax County Service Authority (HCSA) is pleased to offer you the availability of bank draft payments. By authorizing this draft, the worry of paying water bills on time is eliminated. We will process all necessary paperwork and will automatically draft the bill amount out of the customer’s designated account. Accounts will be drafted on the 15th of each month, or the following business day for the total bill amount. Customers who authorize the drafting of their accounts will receive a monthly bill (email) stating the account will be drafted. This should allow sufficient time for customers to check the bill for any discrepancies before the payment is drafted. To get started, simply complete the application below.

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

I authorize Halifax County Service Authority to automatically deduct monthly or bi-monthly payments from the checking or savings account indicated below. I understand that the full payment will be deducted from the designated account on the due date shown on the bill. I also understand that if my account balance being charged for my water bill is insufficient to pay my bill, bank drafting will be terminated and a service fee of \$25.00 will be applied to the account. I also agree to notify HCSA in writing (within thirty (30) days) of any changes to the submitted information in this form. I also understand that I remain liable for the timely payment of the bill and this authorization will remain in effect until the Halifax County Service Authority is notified in writing that I no longer desire the service.

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Please select the type of account that you wish to use: () Checking () Savings

Customer’s printed name _____

Service address _____

Mailing address _____

HCSA Account No. _____

Name of Financial Institution _____

Customer’s signature _____ Date _____

(Savings)
Routing number _____ Account number _____

Phone number) _____ Email Address _____

IMPORTANT: please provide us with a blank check marked “VOID” if paying from a checking account.

HCSA Customer South Boston VA	NO 0000
VOID	
PAY _____	Date _____, _____
MY BANK ANYWHERE, USA	Dollars \$ _____
031100144 (Routing #)	0123456789012 0000 (Account #)