



Town of Sullivan's Island
Water & Sewer Department



Bank Draft Enrollment Form

Name: _____

Customer Account Number: _____

Service Address: _____

Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____

By signing below, I authorize and instruct my financial institution to deduct the amount of my Sullivan's Island Water & Sewer bill from my checking account and remit directly to the Town of Sullivan's Island. This authorization will remain in full force and effect until the Town has received written notification from myself of its termination in such time and manner to afford the Town and my financial institution a reasonable opportunity to act on it.

Signature: _____

Date: _____

PLEASE INCLUDE A VOIDED CHECK FOR ACCOUNT VERIFICATION

Please return completed forms to Town Hall, PO Box 427, Sullivan's Island, SC 29482 or email to mpoole@sullivanisland-sc.com.