



SMITHS

WATER & SEWER AUTHORITY

Pre- Authorized Debit Authorization

Please complete and submit this form along with a voided check from the appropriate checking account to Smiths Water & Sewer Authority by fax at 334-298-6412 or mail to SWSA, P.O. Box 727, Smiths Station, AL, 36877.

___ YES

I authorize Smiths Water & Sewer Authority (SWSA) to enroll me in Auto Pay (automatic bank draft) and instruct my bank to automatically make my SWSA bill payment from the account listed below on the “pay after” date indicated on my water bill card, or later each month. I understand that I may discontinue this authorization at any time by notifying SWSA in writing. I understand and agree that if my draft is dishonored for any reason, my SWSA account will be assessed a fee of \$30.00. I further understand that upon closing my account with SWSA, **the final bill balance on my account will not be automatically drafted from my bank account** and that I must provide SWSA with a forwarding address so that I will receive my final bill.

Please deduct my payment from the following bank

SWSA Account Name _____ SWSA Account # _____

Service Address _____

Name of Financial Institution	_____
Bank Routing Number	_____
Checking Account Number	_____
Printed Name	_____
Authorized Signature (as shown on bank account)	_____