



**East Richland County Public Service District**  
**P O Box 23069 / 704 Ross Road**  
**Columbia, South Carolina 29224 - 3069**

Thank you for your interest in the automatic bank draft capabilities of the E.R.C.P.S.D. (**DISTRICT**). Please **complete the bottom portion of this form, attach a voided check and return it to us.** The automatic bank draft is optional and with no cost to our customers. The draft transaction will occur on the 25th day of the first month of the billing period (or the first banking day thereafter). No drafts will be allowed for customers with a past due balance on their **DISTRICT** account.

**AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS**  
**(ACH DEBIT)**

I (We) hereby authorize **East Richland County Public Service District** (Federal ID NO. 57 0468102), herein after called **DISTRICT** to initiate debit entries and/or correction entries to our CheckingSavings account (select one) indicated below at the depository named below, herein called **DEPOSITORY**, to debit the same to such account.

---

DEPOSITORY NAME

ADDRESS

---

CITY

STATE

---

BANK TRANSIT/ABA NUMBER

ACCOUNT NUMBER

This authorization is to remain in full force until **DISTRICT** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **DISTRICT** and **DEPOSITORY** reasonable opportunity to act upon it.

---

NAME(S)

DATE

---

SIGNATURE

SIGNATURE

---

DISTRICT - Account Number

SERVICE LOCATION

I (We) also acknowledge that a \$35.00 **return draft fee** will be charged to the account should the draft be returned to the District for any reason.

If you wish to draft for multiple **DISTRICT** accounts, you must list all **DISTRICT** Account Numbers and Service Locations. If necessary use the back of this form.