

BANK ACCOUNT AUTOMATIC DRAFT

Customer Name: _____

Account Number: _____

Service Address: _____

Phone Number: _____

Customer Request: New Change Cancel

Account Information:

Name on Account: _____

Bank Name: _____

Routing Number: _____

Account Number: _____

Account Type: Checking Savings

Start Date: _____

By my signature below, I hereby authorize the Wise County Public Service Authority to automatically deduct payments due to the Authority for the above service address from the above specified account (or to cease if "Cancel" is checked above). I understand that:

- *Payments will be deducted on the due date.*
- *I will be subject to a return check fee and a late payment penalty if insufficient funds are available at the time of transfer.*
- *If two payment rejections occur within a 12 month period, the PSA reserves the right to terminate the customer from the auto-draft program.*
- *I have the right to receive notice of the amount of each payment deduction and that the statement I receive from the Authority will constitute such notice.*
- *If I choose to begin, change, or cancel auto-draft, the Authority must receive such application at least five (5) business days prior to the payment date in order for changes to take effect for that payment.*
- *The Authority reserves the right to terminate the auto-draft program.*

Customer Signature & Date

Please attach a voided check to this form and either:

- **Bring it to the Authority office at 5622 Industrial Park Rd., Norton, VA, or;**
- **Mail it to the Authority at P.O. Box 3388, Wise, VA 24293**

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