

## AUTHORIZATION FORM BANK or CREDIT CARD DRAFT

**Customer Information**

Name: \_\_\_\_\_  
First
Middle/Maiden
Last

**Service Address**

Street: \_\_\_\_\_

**Greer CPW Account Number:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**PLEASE FILL OUT THE FOLLOWING FOR MONTHLY BANK DRAFT:**

Please check one:     Checking     Savings

**Please make sure a voided check accompanies this form.**

Name of Bank: \_\_\_\_\_

Bank Account # \_\_\_\_\_

I authorize Greer Commission of Public Works to deduct my bill payments from my bank account on my due date. I understand that if at any time I decide to discontinue this payment service, I will notify Greer Commission of Public Works. The Bank Draft program is a free service provided by Greer Commission of Public Works.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE FILL OUT THE FOLLOWING FOR MONTHLY CREDIT CARD DRAFT:**

Type of credit card to be used (please check one):        

Name as it appears on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_  
 \_\_\_\_\_

I authorize Greer Commission of Public Works to deduct my bill payments from my bank account on my due date. I understand that if at any time I decide to discontinue this payment service, I will notify Greer Commission of Public Works. The Bank Draft program is a free service provided by Greer Commission of Public Works.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please mail your completed form to:**  
 Greer Commission of Public Works  
 PO Box 216  
 Greer, SC 29652