

Buchanan County Public Service Authority

PO Box 30

Vansant, Va. 24656

Ph: 276-935-5827 Fax: 276-935-2400

Email: bcpsa@bvu.net

Request for Automatic Bank Draft

I (we) authorize Buchanan County Public Service Authority hereinafter called BCPSA to initiate debit entries to my (our) account and financial institution, as listed below.

PSA Account Holder Name

Financial Institution Name

Bank Routing & Transit Number

Bank Account Number

Checking Account _____ Savings Account _____ Recurrence: Monthly

Date to Debit: On Each Due Date as Established by the BCPSA

BCPSA Account # (Required) _____

Amount /Range to Debit \$ _____

I (we) understand that should the regularly scheduled debit amount does not pay by bill in full I will receive late fees for each bill not paid in full.

This authorization shall remain in effect until BCPSA has received written notification from me (us) of its termination in a timely manner as to afford BCPSA a reasonable opportunity to act on it.

Account Holder Signature Print Name

Date

Continue to pay your bills until you see the message: "Bank Draft on Due Date" printed on your monthly bill.

Please Attach a voided check for bank account verification