Buchanan County Public Service Authority

PO Box 30

Vansant, Va. 24656

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

Email: bcpsa@bcpsa.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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 or Deposit ticket for Bank account verification**