

EZ Pay - Bank Draft Authorization Form

The Sanitary Board of Bluefield is authorized to debit my () checking () savings account number _____ at _____ (bank) of _____ (City, State) for sewer charges, storm water charges (if applicable), and utility taxes. I understand that this authorization will be in effect until The Sanitary Board of Bluefield and my financial institution are notified in writing that I no longer desire this service, allowing them reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (debit or credit) to my account.

I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution, if, within 15 calendar days following the date on which I was sent a statement of account or a written notice of such an entry or 60 days after posting, whichever occurs first, I give my financial institution a written notice identifying the entry, stating that it is an error and requesting credit back to my account.

_____ I affirm that no portion of the bank draft payments made to The Sanitary Board of Bluefield from the account that I designated have been transferred from a foreign bank account.

This authorization is non-negotiable and non-transferable.

Customer Name _____ Account Number on Sewer Services Bill _____
Street Address _____ City _____ State _____ Zip _____
Phone (day) _____ (evening) _____ E-mail _____
Authorized Signature _____

Attach a voided check or savings account withdrawal slip to this form.

Mail or fax to:

The Sanitary Board of Bluefield, Billing Department

P.O. Box 1870 Bluefield, WV 24701

Fax: 304-325-6838