EASLEY COMBINED UTILITIES

P.O. Box 619
Easley, SC 29641
Phone: 864-859-4013
Fax: 864-855-8102
www.easleyutilities.com

AUTHORIZATION FORM
BANK or CREDIT CARD DRAFT

Customer Information

Name: _____
First Middle/Maiden Last

Service address

Street: _____

City: _____ State: _____ Zip: _____

Mailing address

Street: _____

City: _____ State: _____ Zip: _____

Telephone: (daytime) _____ (evening) _____

Easley Combined Utility Account # _____

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

Please check one: ☐ Checking ☐ Savings

Please attach the appropriate voided item for the type account to be drafted.
(Voided check for checking account; withdrawal slip for savings account.)

I authorize Easley Combined Utilities 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 Easley Combined Utilities. The Bank Draft program is a free service provided by Easley Combined Utilities.

Signature _____ Date: _____

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

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

Name on Card: _____

Card Number: _____

Expiration Date: _____

I authorize Easley Combined Utilities to charge my bill payments to my credit card on my due date. I understand that if at any time I decide to discontinue this payment service, I will notify Easley Combined Utilities. The Bank Draft program is a free service provided by Easley Combined Utilities.

Signature _____ Date: _____