

## Authorization to Pay City of Myrtle Beach Utilities Water & Sewer Service CHECKING or SAVINGS ACCOUNT

Return this form by mail, fax, or email to:
City of Myrtle Beach, Utility Billing Dept., P.O. Box 2468, Myrtle Beach, SC 29578, Fax (843) 918-1210,
mbutilpay@cityofmyrtlebeach.com

/ 4	Phone:
(As it appears	n your City of MB Bill – please print)
Water Service Addre	s:
Account Number:	(As shown on your City of MB bill)
	(As shown on your City of MB bill)
Financial Institution N	ame:
City:	State:
Checking Acct. Numl	er: Savings Acct. Number:
above to pay my monthl payment shall be the s remain in effect until rev	o the order of the City of Myrtle Beach. I hereby authorize the Financial Institution nat Utility service bill by charging each payment to my account. I agree that each recur me as if it were an instrument personally signed by me in writing. This authority i oked by me in writing. In addition, I have the right to request refund of a charge by tin
Financial Institution and therein). I agree to info	of Myrtle Beach at phone number (843) 918-1212. I further understand that both City of Myrtle Beach reserve the right to terminate this payment plan (or my participa rm the City of Myrtle Beach of any changes to my bank account information when so to also provide the appropriate documentation such as a void check or void deposits
Financial Institution and therein). I agree to infoinformation changes an Incorrect information w	City of Myrtle Beach reserve the right to terminate this payment plan (or my participa rm the City of Myrtle Beach of any changes to my bank account information when s
Financial Institution and therein). I agree to info information changes an Incorrect information was to pay your account by the Note: You are requiredVoided chect	City of Myrtle Beach reserve the right to terminate this payment plan (or my participa rm the City of Myrtle Beach of any changes to my bank account information when so to also provide the appropriate documentation such as a void check or void deposited to also your Financial Institution to reject and no draft will be made making it necessary.
Financial Institution and therein). I agree to infe information changes an Incorrect information w to pay your account by the Note: You are requiredVoided checVoided depo	City of Myrtle Beach reserve the right to terminate this payment plan (or my participa rm the City of Myrtle Beach of any changes to my bank account information when so to also provide the appropriate documentation such as a void check or void deposit of a local such a second in the case of the appropriate documentation such as a void check or void deposit of the subject and no draft will be made making it necessation means. A rejected draft will be subject to a \$25 service charge.  To attach one of the following to this authorization form:  If drafting on a checking account

AUTOMATIC PAYMENT PLAN
For Utility Service

FAX to (843) 918-1210 or email to mbutilpay@cityofmyrtlebeach.com

(Rev. 10/13/14)