

Bank Draft Authorization

Account Information

Account Holder's Name: _____

Service Address: _____

SIUC Account Number: _____

Email Address: _____

Telephone Number: _____

Type of Request: New Enrollment
 Update Banking of Current Draft

Consumer's Bank Information

Bank Account Number: _____

Bank Name: _____

Bank Routing Number: _____

(Please attach a voided check)

I hereby authorize and direct you until further written notice to honor and charge my bank account drafts drawn on my checking/savings account and payable to Seabrook Island Utility Commission in the amount of the monthly statement rendered on the account(s) listed above. I understand that any drafts returned for insufficient funds or closed account will incur a fee of \$25.00 which will be added to my account.

Signature: _____

_____ Date

Please complete form, attach a voided check and email to office@siuc.org or mail to:

Seabrook Island Utility Commission
130 Gardeners Circle, PMB 635
Johns Island, SC 29455



Seabrook Island Utility Commission
Billing Office: 843.868.9008
Monday Through Friday
9:00 AM – 4:00 PM
seabrookislandsc.mygovhub.com