

It seems like almost everyone is trying to simplify their life these days. One step in the right direction is to sign up for our convenient Bank Draft Program.

Once you enroll, your monthly or quarterly water/sewer bill will be automatically drafted from your checking account — on time and for the exact amount — without you ever having to even lift a finger. No more writing checks; no more searching for stamps or running to the Post Office; no more concerns about what's crossed in the mail or catching up if you've been away.

You still will receive a monthly or quarterly billing statement detailing your water/sewer charges. But if you have a question, no problem. You'll have 15 days from the date of the billing statement to bring it to our attention before any payment is drafted from your account. Plus, because your payment will be drafted on the listed due date, you'll never have to be concerned about late charges.

Enrolling in our Bank Draft Program is simple. Just fill out the enrollment form on the back, attach a VOIDED check and drop off at our Customer Service Office at One Oak Park Plaza or mail it to:

HH Public Service District
PO Box 21264
Hilton Head, SC 29925

We'll do the rest. And you can rest easy, knowing you've just simplified your life at least a little bit.

HILTON HEAD NO. 1 PSD...BANK DRAFT ENROLLMENT FORM

Name of Bank and Branch _____

Your Name as Listed on Bank Account _____

Your PSD Account Number from your Bill _____

Address Where You Receive Service _____

Name as Listed on Your PSD Bill _____

Home Phone Number _____ Business Phone Number _____

I hereby give authority to **Hilton Head No. 1 Public Service District** to draft against my account in payment of my **Hilton Head No. 1 Public Service District** bill until this authority is revoked in writing and received by the above named bank at least 10 days prior to presentation of a draft. The Bank when presented for payment will pay the draft and then deduct that exact amount from my specified account. I further agree to also notify Hilton Head No. 1 PSD in writing if I withdraw this authority.

Your signature as accepted by bank _____ Date _____

PLEASE ATTACH A VOIDED CHECK WITH THIS FORM.