

ACCOUNT NUMBER		BILLING DATE	
123456789		01/11/2023	
	SERVICE ADDRES	S	
	123 ANY RD		
DATE FROM	DATE TO	DAYS	
11/30/2022	12/28/2022	28	

BEST CUSTOMER 123 ANY RD YORK, SC 29**7**45 York County Water & Sewer 1070 Heckle Blvd, Suite 1100 Rock Hill, SC 29732 (803) 327-8639

METER NUMBER	PREVIOUS READING	CURRENT READING	USAGE	UNITS	DESCRIPTION	AMOUNT
17329466	48,986	49,397	4,110	1	WATER BILLED	31.72
17329466	48,986	49,397	4,110	1	SEWER BILLED	36.81

## This Will Serve As Your Disconnection Notice

THIS WILL SERVE AS YOUR DISCONNECTION NOTICE.

YORK COUNTY OFFICES WILL BE CLOSED JANUARY 16TH, 2023.

Previous Balance	104.63
Current Charges	68.53
Total Due	173.16

## DETACH HERE AND RETURN THIS PORTION WITH YOUR REMITTANCE

MAKE CHECK PAYABLE TO: York County Water & Sewer 1070 Heckle Blvd, Suite 1100 Rock Hill, SC 29732

ACCOUNT NUMBER	SERVICE ADDRESS			
123456789	123 ANY RD			
BILLING DATE	DATE FROM	DATE TO	DAYS	
01/11/2023	11/30/2022	12/28/2022	28	

DUE DATE	01/31/2023	PAY	173.16
IF PAID AFTER	01/31/2023	PAY	175.76
CUT OFF DATE	01/23/2023	AMOUNT PAID	

BEST CUSTOMER 123 ANY RD YORK, SC 29**7**45

YORK COUNTY WATER AND SEWER 1070 HECKLE BLVD STE 1100 ROCK HILL, SC 29732 You may now pay your York County water and sewer bill online at www.yorkcountygov.com with a credit/debit card. A small charge for this convenience will be added. Bill must be paid in full; no partial payments accepted online.

Bank draft is available for your convenience at no additional charge. Please see below.

Return checks: a \$25 fee will be charged for each returned check. Two (2) returned within a twelve (12) month period for insufficient funds will result in account being placed on a cash only status.

If your account has a past due balance this will be your only notice. Please see the message on front of bill to avoid disconnection of service. If you are disconnected for non-payment, a \$50 reconnect fee will be added to your bill, and your account will have to be paid in full before service can be restored. If you have already paid your past due balance, please contact our office at 803.327.8639 or view your account at www.yorkcountygov.com under online services, pay water & sewer bill to confirm receipt of payment.

Always include payment stub to assure correct posting of your payment.

When paying by mail, include bottom portion of bill with payment. When paying in the office, bring the entire bill with payment.

PLEASE MAKE CHECK PAYABLE TO: YORK COUNTY WATER AND SEWER

1070 Heckle Blvd., Suite 1100 Rock Hill, SC 29732-2863

Office Hours: 8:00AM - 5:00 PM Monday thru Friday (for payments in person) 803-327 8639 or 803-628-3211 or Fax: 803-818 6846 (York Office 7:00AM-4:00PM) PLEASE INCLUDE YOUR ACCOUNT NUMBER ON YOUR CHECK

Avoid convenience fee, postage or using your time to deliver payment to our office!

Your water & sewer bill can be paid automatically each month at no additional charge to you!

Sign up for bank draft today!!

## BANK DRAFT INFORMATION

York County Water and Sewer will continue to mail you a bill each month for your records.

York County Water and Sewer can only draft from a checking account.

The ability to successfully process a draft from your checking account will be dependent upon the form below being completed with the correct information. Please contact your financial institute to locate the routing number and checking account number for your bank account.

If your bank account information changes, please complete the form below with the new information and fax it to 803.818.6846, or mail it to PO Box 120, York SC 29745

Bank draft can only be stopped by written notification by fax to 803.818.6846, by e-mail to <u>water.sewer@yorkcountygov.com</u>, or by mail to P O Box 120, York, SC 29745. Please allow at least 30 days for draft to be stopped.

Bank draft will begin within two (2) months of receipt of completed draft form. PAID BY DRAFT will appear on bill once draft is in effect. Any adjustments to your account balance may not be reflected until your next bill.

Please contact our office at 803.628.3211 with any questions.

## BANK DRAFT AUTHORZATION FORM

I hereby authorize <u>York County Water and Sewer</u> to draft my CHECKING ACCOUNT using the information I have provided below. I understand my checking account will be drafted on the last day of the month and draft denied by my financial institute for insufficient funds, will result in a \$25 Returned Check fee being added to my account. I acknowledge that the organization of ACH transactions to my account must comply with the provisions of U. S. law.

PRINT NAME HERE	
FINANCIAL INSTITUTION	
9 DIGIT ROUTING NUMBER	
CHECKING ACCOUNT NUMBER	
WATER/SEWER ACCOUNT HOLDER SIGNATURE	
WATER/SEWER ACCOUNT #	