



# Stoney Creek Sanitary District

(County of Shenandoah, Virginia)  
600 NORTH MAIN STREET, SUITE 106  
WOODSTOCK, VIRGINIA 22664  
[www.shenandoahcountyva.us/water](http://www.shenandoahcountyva.us/water)

Phone (540) 459-7491  
Fax (540) 459-7652

Office Hours:  
Mon.-Fri. 8:30-4:30

## PRE-AUTHORIZED BANK DRAFTING

The Stoney Creek Sanitary District is pleased to offer to its customers Pre-Authorized Bank Drafting as part of our effort to upgrade our Billing System with the conveniences available through current technology. There is no charge for this service and it will offer customers a method of paying their water/sewer bill electronically on the due date. This will eliminate late charges and expensive service disruption.

## FREQUENTLY ASKED QUESTIONS:

- Q. What is Pre-Authorized Bank Drafting?  
A. Pre-Authorized Bank Drafting would allow you to have your water/sewer bill electronically deducted from your bank checking or savings account.
- Q. What do I need to do to apply for Pre-Authorized Bank Drafting?  
A. You need to complete the entire application form and supply a voided check or savings deposit ticket.
- Q. When would Pre-Authorized Bank Drafting begin?  
A. Once approved, Pre-Authorized Bank Drafting would begin with your next scheduled water/sewer bill.
- Q. When would my water/sewer bill be deducted from my bank account?  
A. Your water/sewer bill would be deducted from your bank account on the due date of your water/sewer bill.
- Q. Why would I want to use Pre-Authorized Bank Drafting?  
A. I would want to use Pre-Authorized Bank Drafting to be assured my water/sewer bill would be paid by the due date to avoid penalties. This would save money for postage and save time of mailing or delivering the payment. If you are currently using an on-line banking service, it takes 7-10 days for the Sanitary District to receive your check and credit your account.
- Q. How will I know the amount being deducted from my account?  
A. You will continue to receive your bill as before. A notice on the bill will advise you not to pay this bill. It will be deducted from your bank account on the due date.
- Q. What happens if there is a bill dispute?  
A. This will be handled the same way it is now. You **MUST** contact the Customer Service Department when the bill is received. We will not electronically deduct a disputed bill until it has been resolved providing we have been contacted in a timely manner before the due date.
- Q. Why do I need to attach a voided check to the enrollment form?  
A. It is the easiest way to be sure that all information is correct. It is the best way to avoid mistakes that may slow down the enrollment process.
- Q. What if I decide to change to a different bank or bank account number?  
A. If you plan to change banks or accounts, the Stoney Creek Sanitary District needs to know this as soon as possible. Then, you simply fill out and sign a new enrollment form and attach a voided check from your new account.
- Q. What if there is a problem with my bank account?  
A. If the payment is refused by your bank for any reason, including insufficient funds, closed, or unauthorized accounts, you will be charged our standard returned check fee by the Stoney Creek Sanitary District, along with any bank charges.

***See Application on Reverse Side***

**PRE-AUTHORIZED BANK DRAFT  
ENROLLMENT FORM  
Stoney Creek Sanitary District**

**Please Print Clearly or Type**

I (we) authorize the Stoney Creek Sanitary District and the financial institution shown below, to automatically debit the bank account shown below on the 20<sup>th</sup> of the month following billing, for payment of all bills issued. I understand that it is my responsibility to notify the Stoney Creek Sanitary District, in writing, if I change banks or account numbers.

This authorization will be in effect until either party gives written notice to the other of termination. I understand my notice of termination must be received in time to have reasonable opportunity to act.

Customer: _____	
Service Address: _____	
Sanitary District Acct. No. _____ - _____	
Daytime Phone: _____	E-mail address: _____
Bank Name: _____	
Account Type:      Checking _____	Savings _____
Routing No. _____	Account No. _____
Customer's Mailing Address: _____	
City: _____	State: _____ Zip: _____
Signature: _____	Date Signed: _____

**Mail Completed Enrollment Form To:**

Stoney Creek Sanitary District  
600 North Main Street, Suite 106  
Woodstock, VA 22664

**A VOIDED CHECK OR SAVINGS DEPOSIT TICKET MUST BE ATTACHED TO THIS  
APPLICATION**

\_\_\_\_\_

**Date Received**

\_\_\_\_\_

**Stoney Creek Sanitary District**