

**THIS BILL DOES NOT EXTEND TIME FOR PAYMENT OF ANY PAST DUE AMOUNTS.  
PLEASE KEEP THIS PORTION FOR YOUR RECORDS. RETURN BOTTOM PORTION WITH PAYMENT.**

## CITY OF FOLLY BEACH UTILITIES

SERVICE ADDRESS	BILLING DATE	DUE DATE	ACCOUNT NUMBER

DESCRIPTION	METER NUMBER	PRIOR READING	CURRENT READING	USAGE IN GALLONS	AMOUNT

SEE REVERSE SIDE FOR  
IMPORTANT INFORMATION

DATE FROM: \_\_\_\_\_

DATE TO: \_\_\_\_\_

DAYS: \_\_\_\_\_

CURRENT CHARGES	
PREVIOUS BALANCE	
<b>TOTAL AMOUNT DUE</b>	

TO INSURE PROPER CREDIT TO YOUR ACCOUNT, PLEASE RETURN LOWER PORTION WITH YOUR PAYMENT

PAYMENTS NOT MADE BY THE DUE DATE WILL BE ASSESSED A LATE PENALTY.



**CITY OF FOLLY BEACH UTILITIES**  
 21 Center Street  
 Folly Beach, SC 29439  
 843-513-1831  
 astill@follybeach.gov  
[www.cityoffollybeach.com](http://www.cityoffollybeach.com)

ACCOUNT NUMBER		CURRENT CHARGES	
BILLING DATE		PREVIOUS BALANCE	
<b>DUE DATE</b>		<b>TOTAL AMOUNT DUE</b>	

- If address changed please check box and complete form on back
- If you want automatic draft please check box and complete form on back

Amount Enclosed: \$ \_\_\_\_\_

MAKE CHECKS PAYABLE TO:

**John & Jane Doe**  
**123 Main Street**  
**Anytown, SC 12345**

**City of Folly Beach**  
**PO BOX 580221**  
**Charlotte, NC 28258-0221**

**PAY BY MAIL:**

Please enclose your payment with the payment stub and envelope provided.

**AT CITY OFFICE:**

21 Center Street, Folly Beach, SC 29439

**PAY ONLINE:**

<https://www.municipalonlinepayments.com/follybeachsc>

**AUTOMATIC BANK DRAFT:**

Please complete the authorization form below.

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**If you need after hours or weekend *emergency* assistance, please call 843-588-2433. Our on-call personnel will respond as quickly as possible.**

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**ADDRESS CHANGE INFORMATION**

Please enter your new contact information below:

Name as it appears on account: \_\_\_\_\_

Account Number: \_\_\_\_\_

Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

**AUTOMATIC DRAFT APPLICATION**

Please also **ATTACH A VOIDED CHECK** from the account to be drafted.

Name as it appears on account: \_\_\_\_\_

Account Number: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Address of Bank: \_\_\_\_\_

Bank Account #: \_\_\_\_\_

Routing Number#: \_\_\_\_\_

I authorize the City of Folly Beach automatically draft my bank account as indicated above to pay monthly or quarterly water and/or sewer bills until such time as my authorization is revoked in writing. I understand either the bank or the City reserve the right to terminate the draft or my participation therein.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date