

Town of Wallace

Customer Utility Service Application 316 E Murray Street Wallace, NC 28466 Phone: 910-285-4136

Fax: 910-285-5135 email: mail@wallacenc.gov

Account # _		

BANK DRAFT AUTHORIZATION

a checking account. Participants will continuaccount drafted on a scheduled due date. If	onvenience of paying monthly utility bills via draft from nue to receive their monthly bill and will have thei you would like to take advantage of this service, please e Customer Service Department. We will process you
New Bank Draft Authorization	Change in Account Number or Bank
Name of Customer:	
Service Address:	
Phone #: (home)	(alternate)
Please attach	a voided check here.
** Deposit slips (cannot be processed **
entries, either debits or credits, which are necessifinancial institution I have indicated above. This Town receives written notification from me of its temy financial institution a reasonable opportunity to a institution shall be treated in the same manner as a charges. I further understand that as is the policy with month period, I shall be removed from draft paymed credit card. I hereby certify that I will notify the my depository relationship with my financial in	y utility payments and initiate debit entries or such adjusting sary for corrections or adjustments from the account and authorization is to remain in full force and effect until the ermination in such time and manner as to afford the Town and act on it. I understand that drafts not honored by my financial returned check, and shall be subject to all applicable fees and the returned checks, if I have two returned drafts within a twelve int, and shall be required to pay in cash, certified check of Customer Service department immediately of any changes in stitution that shall affect this draft agreement. I am also should need to change my draft date. I understand that the oth.
Authorizing Signature	