

BANK DRAFT AUTHORIZATION FORM

This is to authorize the Town of Morehead City Water/Sewer Department to draw a monthly draft on my account for payment of water/sewer services.

Customer Name* _____
Water Dept. Account Number _____
Bank Name and Address* _____
Bank Account Number* _____
Bank Routing Number* _____
Bank Telephone Number _____
Customer Telephone Number* _____

**** Must Be Provided****

Please provide voided check with Authorization Form.

Please be advised, activation of draft service shall be 30-45 days after information is received. Until such time as draft is authorized you shall be responsible for any billing prior to that time. If at any time the Town of Morehead City Water/Sewer Department receives a draft check for non-sufficient funds, the draft will be permanently terminated and a returned check fee will be assessed to your account.

I further understand that 30 days written notification prior to discontinuance of my bank draft must be provided to the Town should I decide to cancel the draft service. I have read and agree to the above conditions:

Customer Signature

Date