Bank Draft Authorization and Deletion Form

Town of Yadkinville
PO Box 816
213 Van Buren St.
Yadkinville, NC 27055
Telephone: 336-679-8732 Fax: 336-679-6151

Customer Information

Name:_____ Date:_____

Service Address:_____

Daytime Phone#:_____ Account#_____

Financial Institution Information

Name of Bank:_____ City, State:_____

Routing #:_____ Checking Account #:_____

Request Type (Check One)

New Bank Draft Authorization ( )
Change To Existing Authorization ( )
Remove Bank Draft Authorization ( )

PLEASE RETURN THIS FORM WITH A VOIDED CHECK
(Not required if removing bank draft authorization.)

Bank Draft Authorization Agreement

I hereby authorize the Town of Yadkinville to automatically draft the above bank account for payment of my utility invoice. It is my understanding that my bank account will be drafted approximately 10 days from the bill date. This authority is to remain in effect until the Town of Yadkinville has received written notice of termination and has been provided a reasonable opportunity to take action.
It is also my understanding, that payment by draft is considered the same type method as check, if the draft is dishonored by my bank a charge of $25 will be assessed to me and possible service interruption.

_____ _____
Bank Account Owner Signature Joint Bank Account Owner Signature

_____ _____
Bank Account Owner Printed Name Joint Bank Account Owner Signature

Date:_____ Date:_____