

Bank Draft Authorization Form

Name:

Street Address:

Telephone Number:

Date:

Utility Account Number:

I authorize the Town of Pinetops to draft the amount of my monthly utility bill from the financial institution listed below. I understand that my account will be drafted on the due date indicated on each monthly statement. I have the right to stop automatic payment of my bill upon timely written notice to the Town of Pinetops and my designated financial institution.

Check One

_____ Checking Account _____ Savings Account

Name of your bank as it appears on your check

Print your name as shown on your bank account

Your signature as accepted by your bank

Bank Transit Number

Bank Account Number

Return Completed Form to:

Mail To:
Town of Pinetops
PO Drawer C
Pinetops, NC
27864