

TOWN OF EDENTON
Billing and Collections

Bank Draft Authorization Form

Date: _____

Type of Authorization:

- New Authorization
- Change Banking Information
- Discontinue Bank Draft

Service Address Acct.# _____

To Whom It May Concern:

I _____, hereby authorize TOWN OF EDENTON Billing and Collections, to Duplicate the attached or otherwise provided check, in bank draft form.

I also understand that if my item(s), are returned unpaid for any reason, including, but not limited to, NSF, uncollected funds, invalid or closed account, stop payment, or any other reason, Town of Edenton Billing and Collections, will charge a returned check charge in the amount of \$35.

*****Any current unpaid balances must be paid in full. Draft will begin on the next billing cycle.**

Authorized Accountholder Signature

For verification purposed, please provide the following:

<p>Copy of check here</p> <p>Fax to 252-482-7377</p>
