



Bank Draft Authorization Form

Your Financial Institution Information

Type of Account (check only one):

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Checking Account

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Savings Account

Name of Financial Institution (Bank, Credit Union, or Savings & Loan):

Address for Financial Institution:

P.O. Box or Street Address:

City, State, and Zip Code:

Your Financial Account Number:

Your Financial Transit/ABA Number:

Your City of Dunn Utility Account Information

Name as it appears on the utility account (please print):

Your Utility Account Number:

Your Utility Service Address:

Utility Accountholder's Home/Cell Phone Number:

Drafts require ONE MONTH to prenote through your Financial Institution. * Please pay your current month's bill*****

I hereby authorize the City of Dunn to draw drafts against my account for payment of my City utility bill. I understand that this authority shall remain in full force and effect until written notification of termination is received from me, and the City of Dunn and my financial institution have reasonable opportunity to act upon such termination notice. I understand that nothing contained in this Draft Authorization shall serve to reduce my obligation to pay my utility bill and services may be disconnected without notice, should I fail to have sufficient funds available in the above referenced financial account to cover the amount of the City utility bill.

Authorized Signature:

Date:

Mail this completed form and a voided check to:

City of Dunn
Attn: Water Department
P.O. Box 1107
Dunn, NC 28335