

TOWN OF SURF CITY

P. O. Box 2475 Surf City, NC 28445
Telephone: (910) 328-4131 Fax (910) 328-4132
www.surfcitync.gov

Printed Name

Surf City Address

Daytime Telephone Number

Email address

Utility Billing Account Number(s)

(If you have more than one utility account, list
all accounts that you wish to be drafted)

Thank you for your request to set up your Town of Surf City utilities account with an automatic payment plan. **Please return this form signed to the Town of Surf City address listed above.** Bank draft information must be received by the 21st in order to draft on the 25th of the same month. After a completed form is submitted, bills will be reflected with a notice to draft after one billing cycle.

AUTHORIZATION FOR TOWN OF SURF CITY AUTOMATIC PAYMENTS

I authorize the Town of Surf City and the bank named below to deduct monthly payments from my checking for the amount of my monthly utilities payment. The draft will occur on the due date, which is the 25th of every month. Unless the 25th falls on a weekend or holiday, in which case it will be drafted on the following business day.

You are responsible for keeping the account current. The Town of Surf City will not be responsible for any duplication of payment or associated costs if a payment is mailed in conjunction with the automatic payment being set up.

This automatic payment plan will remain in effect until the Town of Surf City is notified in writing to cancel this service or the Town deems that it must be canceled. When notified in writing for cancellation, this must be completed by the person responsible for the account. **Written notice** of intent to stop payment of any entry must be received by the Town of Surf City at least 10 business days prior to the payment due date.

Credit Union Members: To ensure prompt processing of your automatic payment, please verify your account and routing/transit numbers with your Credit Union, since the correct numbers may be different than those appearing on your check.

In most cases, it will take approximately one billing cycle to begin initiating bank drafting; therefore, it may be necessary to remit your next billing payment to avoid a possible late fee charge. Please contact our office for any questions.

***** DO NOT SEND THIS FORM BY EMAIL *****

Signature

Date

Routing Number (9 digit number on lower left of check)

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Name of Financial Institution

Bank Account Number

****It is encouraged to include a void check or print out from the bank to confirm account information, but not required. Please be advised, a \$25 returned payment fee will be assessed if bank drafts are returned for information provided incorrectly.****