TOWN OF CANDOR *THE PEACH CAPITAL OF NORTH CAROLINA*

214 S. MAIN STREET • PO BOX 220, CANDOR, NC 27229 • 910-974-4221

BANK DRAFT AGREEMENT FORM

AUTHORIZATION AGREEMENT:

I hearby authorize the Town of Candor to initiate Automatic ACH Debits to my account at the financial institution named below for my monthly utility bill.

Further, I agree not to hold the Town of Candor responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in debiting funds to my account.

This agreement will remain in effect until the Town of Candor receives a written notice of cancellation from me or my financial institution, or until I submit a new Bank Draft Agreement Form to the Town of Candor Utility Department.

ACCOUNT INFORMATION:

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ □ Checking | □ Savings

PLEASE SIGN BELOW:

Authorized Signature (primary): _____ Date: _____

Authorized Signature (joint): _____ Date: _____

****Please attach a voided check or deposit slip and return this form to the Town of Candor.**