

City of Lincolnton

Mike McCombs, Mayor
Martha Jo Austin, City Clerk



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CITY OF LINCOLNTON AUTOMATIC DRAFT ENROLLMENT

CUSTOMER AUTHORIZATION

I hereby authorize City of Lincolnton (COL) to debit my account automatically for payment of my monthly utility service account bill due COL. This authorization will remain in effect until I notify COL in writing that I no longer desire this service.

I understand that COL will continue to send me a monthly bill, unless I opt out of paper billing and that my bank account will be drafted for the total amount due on the account as of the due date (drafts generally occur on/by the tenth (10th) of the month or as close thereto as possible. I further understand that COL will impose an insufficient funds fee of \$35.00 if there are not adequate bank funds available in my account on the day of the draft.

Signature _____ Date _____

Account Name

City of Lincolnton Account Number(s)

Service Address (Physical Address of Water Service)

Billing Address

City/State/ZIP of Billing Address

Contact Telephone # Where You May Be Reached

Checking Account Holder Name on Bank Account

Name of Financial Institution

The City of Lincolnton is an Equal Opportunity Provider and Employer

Address of Financial Institution

Financial Institution Routing Number (nine digit number on lower left hand corner of your check)

Financial Institution Account Number

You must attach a voided check from your active bank checking account that provides all current and correct documentation for your active bank account (including routing, account number, your name and your address).

IF YOUR BANK INFORMATION CHANGES: YOU MUST NOTIFY COL IMMEDIATELY AND YOU WILL NEED TO PROVIDE WRITTEN DOCUMENTATION BY COMPLETING A NEW BANK DRAFT FORM AND PROVIDING A COPY OF THE NEW BANK ACCOUNT INFORMATION IN THE FORM OF A VOIDED CHECK OR AN AUTHORIZED LETTER FROM YOUR NEW BANKING INSTITUTION PROVIDING COL WITH ALL PERTINENT NEW INFORMATION TO AMEND YOUR DRAFT. FAILURE TO DO SO WILL RESULT IN THE REMOVAL OF YOUR COL ACCOUNT FROM OUR BANK DRAFT PROCESSING FOR YOUR MONTHLY BILLING STATEMENT PAYMENTS.

CITY HALL INTERNAL USE ONLY:

Date completed documentation is received by COL: _____

COL employee entering bank draft information into QS1UB: _____

Date entered into QS1UB: _____