



TOWN OF ELIZABETHTOWN (910) 862-3979
805 W BROAD STREET, POST OFFICE BOX 700, ELIZABETHTOWN, NC 28337
EMAIL: BVALENTINE@ELIZABETHTOWNNC.ORG

NAME ON WATER ACCOUNT: _____

Customer Water Account Number: _____

FINANCE DEPARTMENT BANK DRAFT AUTHORIZATION

I authorize the **TOWN OF ELIZABETHTOWN** to draft my account monthly for payment of my water bill and will be drafted on/before the 5th of each month. I will receive my monthly bill as usual, showing the amount to be drafted. **In the event that my bank draft is returned for any reason there will be a bank charge to the customer and balance of the account is due (cash or credit card only) upon notification or services will be terminated immediately.**

All information is required.

Name on Bank Account _____

Physical Address _____

City _____ State _____ Zip _____

Social Security Number _____

Home # _____ Cell # _____ Work # _____

Name of Bank _____

ROUTING NO.: _____ ACCOUNT NO: _____

****NOTICE** DO NOT FORGET TO ATTACH A "VOIDED" CHECK AS WE CAN NOT PROCESS IF NOT RECEIVED.**

Signature _____ Date _____