

Enrollment and Authorization Form

(Authorization Agreement for Electronic Transfer of Funds via Bank Draft)

Bank Draft will be processed on the 15th of each month.

- Your utility account must have a zero-dollar balance before bank draft is able to be applied.
- If stopping Bank Draft, Utility Services must receive this form by the last business day of the month prior to start of the month you wish to stop Bank Draft.
- Present this completed form along with a voided check to the Utility Services Department at Town Hall or email the completed form and voided check to utilityservices@townoflandisnc.gov.

	Start Bank Di	aftStop Bank Draft
Name:		Account Number:
Street Address:	·	City:
State:	Zip Code:	Phone Number:
	Fin	ancial Institution Information
Name of Finan	cial Institution:	
Routing Number:		Account Number:
form. I acknow with the provis Town of Landi	ledge that the origin ions of NACHA rec s has received writte	bit transactions per the account information stated on this ation of Bank Draft transactions to my account must comply uirements. This authorization will remain in effect until The in notification from me of its termination in such time and in e opportunity to act on it.
Signature:		Date:
	PLEASE ATTA	CH A VOIDED CHECK TO THIS FORM
For Office Use O	Only:	
Bank Draft Started:		Initials:
Brank Draft End	led:	Initials: