



Discontinue, Stop or Change Service:

Name _____ Account Number _____

Address _____ City _____ State _____ ZIP _____

Forwarding Address _____ City _____ State _____ ZIP _____

End Service Date ___/___/___ Last 4 of Social Security Number _____

Services:

<input type="checkbox"/> Stop/Discontinue	<input type="checkbox"/> Change	<input type="checkbox"/> Add		
<input type="checkbox"/> Electric	<input type="checkbox"/> Water	<input type="checkbox"/> Sewer	<input type="checkbox"/> Security Light	<input type="checkbox"/> Garbage

Discontinue Service:

If service is discontinued, you assume full responsibility for maintenance and damage control of any future needs directly related to this request.

Town of Landis Ordinance requires anyone with access to the water and sewer system to be connected to Town services. This service can be stopped. However, you will be responsible for any usage or billing to the location.

If you are moving and the service is transferred to the current owner or renter, you will be issued a final bill. Remember billing is from the 15th to the 15th of each month. For any billing questions please call or request the Town of Landis Utility Billing policy.

By signing below, you are aware and agree to the above mentioned.

Signature _____ Date _____

Below is for Utility Services office use only:

Received By _____	Date _____/_____/_____
Completed By _____	Date _____/_____/_____

**Town of Landis
Accounts Payable
Authorization of Electronic Funds Transfer**

Please Check One: Initial Enrollment Change

Name: _____ Date: _____

Address: _____

City/State/Zip: _____

Social Security #/Federal ID #: _____

Email Address: _____

If you should have any questions, please contact Finance Department at (704) 857-2411 or accountspayable@townoflandisnc.gov.

By signing below, I hereby authorize the Town of Landis to electronically deposit funds into the account checked below. I understand that if my banking information changes and the Town is not made aware of this change, then payment could be delayed.

I acknowledge that electronic payments to the designated account must comply with the provisions of the U.S. law, as well as the requirements of the Office of Foreign Assets Control (OFAC).

Check one of the following:

I affirm that, regarding electronic payments the Town of Landis may remit to the financial institution for credit to the account that I have designated, the entire payment amount **is not** subject to being transferred to a foreign bank account.

I affirm that, regarding electronic payments the Town of Landis may remit to the financial institution for credit to the account that I have designated, the entire payment amount **is** subject to being transferred to a foreign bank account. I acknowledge that any electronic payments that may be remitted to me may be labeled with "IAT" as the standard entry class. I acknowledge that the Town of Landis alternatively may elect to remit such payments to me via check instead of via electronic payment. I acknowledge that availability of funds credited to the account will be subject to my receiving financial institution's policies and procedures.

CHECKING ACCOUNT:

SAVINGS ACCOUNT:

SIGNATURE: _____ **DATE:** _____

**PLEASE ATTACH A VOIDED CHECK OR BANK NOTE WITH ROUTING AND
ACCOUNT NUMBERS PRINTED ON BANK LETTERHEAD TO THIS FORM.**

**Please mail or return the form to: Town of Landis Finance Department
ATTN: Accounts Payable – EFT
PO BOX 8165
Landis, NC 28088
Or email to: accountspayable@townoflandisnc.gov**