



## 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 [utilitybilling@townoflandisnc.gov](mailto:utilitybilling@townoflandisnc.gov).

\_\_\_\_\_ **Start Bank Draft**

\_\_\_\_\_ **Stop Bank Draft**

Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Financial Institution Information

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

I hereby authorize The Town of Landis to automatically withdraw my utility payment from my account by initiating Bank Draft debit transactions per the account information stated on this form. I acknowledge that the origination of Bank Draft transactions to my account must comply with the provisions of NACHA requirements. This authorization will remain in effect until The Town of Landis has received written notification from me of its termination in such time and in such manner as to have a reasonable opportunity to act on it.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK TO THIS FORM**

For Office Use Only:

Bank Draft Started: \_\_\_\_\_

Initials: \_\_\_\_\_

Bank Draft Ended: \_\_\_\_\_

Initials: \_\_\_\_\_