

Town of Pinetops

P.O. DRAWER C
PINETOPS, NORTH CAROLINA 27864

*****BANK DRAFT AUTHORIZATION*****

Date: _____

Customer Name: _____

Address: _____

Customer's Bank: _____

Bank Location: _____

Please attach a copy of a voided check or deposit slip for this account.

The customer agrees to have his utility bill paid directly from the above checking account each month. The customer will be notified of the amount withdrawn for payment. This agreement will remain in effect until the customer notifies, in writing, the bank and the Town of Pinetops to discontinue the service.

(Signature of Customer)

Town of Pinetops

Account Number: _____