



TOWN OF ELIZABETOWN
805 W BROAD STREET, ELIZABETHTOWN, NC 28337
(910) 862-3979

Return completed form to cholland@elizabethtownnc.org

NAME ON WATER ACCOUNT _____

Customer Account Number _____

WATER DEPARTMENT BANK DRAFT AUTHORIZATION

I authorize the **TOWN OF ELIZABETHTOWN** to draft my account monthly for payment of my water bill. I will receive my monthly billing statement showing the amount. Payment will be drafted from my account on the due date of the bill. In the event of returned bank draft, I will be responsible for paying the balance on account including a \$35.00 bank draft fee (paid with cash or by credit card). Upon notification, payment must be paid in its entirety or services will be terminated.

Name on Bank Account _____

Physical Address _____

City _____ State _____ Zip _____

Social Security Number _____ - _____ - _____

Home # _____ Cell # _____ Work # _____

Name of Bank _____

Location _____

Routing No.: _____ Account No.: _____

Signature _____ Date _____

**ATTACH A "VOIDED" CHECK OR A STATEMENT FROM YOUR BANK WITH ALL INFORMATION
WE CAN NOT PROCESS IF NOT RECEIVED**