



TOWN OF CAROLINA BEACH

Public Utilities Dept.

1121 North Lake Park Blvd., Carolina Beach, NC 28428

Billing Department Phone # (910) 458-2983 or (910) 458-4821 Fax# (910) 458-2533

**AUTHORIZATION AGREEMENT
BANK DRAFTING**

I hereby authorize the Town of Carolina Beach to initiate debit entries or such adjusting entries, either debit or credit which are necessary for corrections to my account indicated below and the financial institution below to credit (or debit) the same to such account.

Financial Institution Name _____ City _____ State _____

Account Type (circle one) Checking or Savings Routing/Transit Number _____ Account Number _____

PLEASE READ THE FOLLOWING CAREFULLY:

I understand that this authorization will be effective until I notify my financial institution and the **Town of Carolina Beach** in writing that I no longer desire this service, allowing reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution. I agree to give my financial institution a written notice within 15 calendar days following the date on which I was sent a statement of my account or a written notice of such entry, or 45 days after posting, whichever occurs first.

I understand that I am to notify the **Town of Carolina Beach** in writing that I intend to stop payment of a debit on my account. I also understand that I am to notify the **Town of Carolina Beach** in writing when I intend to stop bank drafts for any reason. I agree to give the written notice at least 30 days before the action is taken. I further understand that if my bank should return a draft to the **Town of Carolina Beach** due to inadequate funds in my bank account, the **Town of Carolina Beach** has the right to pursue normal collection procedures and to terminate drafts from my bank account if deemed necessary. Return of two (2) drafts on my bank account due to inadequate funds will result in immediate termination of drafts by the **Town of Carolina Beach**.

Name _____ Social Security # _____ Drivers License # _____ State of Issue _____

Signature _____ Date _____

ATTACH A VOIDED CHECK. (THIS IS REQUIRED FOR PROCESSING)

Town of Carolina Beach Account # _____ Address for Property at Carolina Beach _____