



Bank Draft Authorization Application

TOWN OF CAROLINA BEACH
1121 N. Lake Park Boulevard
Carolina Beach, North Carolina 28428
Phone: (910) 458-2983 or (910) 458-4821
Fax: (910) 458-2997
Email: info@carolinabeach.org

Town of Carolina Beach Account Number: _____

Service Address: _____

City: _____ State: _____ Zip Code: _____

Name: _____

Social Security #: _____ Driver's License #: _____ State: _____

Contact Phone: _____

Financial Institution Name: _____

City: _____ State: _____ Zip Code: _____

Routing Number: _____ Account Number: _____

Account Type: Checking _____ Savings _____

By my signature below, I grant the Town of Carolina Beach permission to draft the amount of my monthly utility bill from the financial institution account on the attached voided check or savings deposit slip and I also affirm that I have legal authority to withdraw from the account.

I understand that this authorization will be effective until I notify the Town of Carolina Beach in writing that I no longer desire this service, allowing reasonable time to act on my notification.

I understand that if my financial institution should return a draft to the Town of Carolina Beach for any reason, the Town of Carolina Beach has the right to pursue normal collection procedures and to terminate drafts from my financial institution account. Return of two (2) drafts on my financial institution account will result in immediate termination of drafts by the Town of Carolina Beach.
Return draft fee of \$25.00 will be assessed.

NOTE: You must attach a copy of a voided check for checking account or a deposit slip for a savings account.

Signature: _____ Date: _____

Signature: _____ Date: _____