Automatic Bank Draft Form

You will continue to receive a monthly bill and a message will appear on your bill: "DO NOT PAY THIS BILL. YOUR ACCT WILL BE DRAFTED ON OR AFTER…".

This is my authorization to the Town of Spring Lake to automatically debit the following account:

PERSONAL INFORMATION		
Name (Please Print)	**Mailing Address**	
Service Address	**Name of Financial Institution**	
Utility Account Number(s)	**City, State, Zip**	
Telephone Number	**Bank Routing Number**	**Bank Account Number**
E-mail address		

ATTACH COPY OF VOIDED CHECK HERE

I authorize the Town of Spring Lake Water Department to send my utility bill to the above-named financial institution for direct payment from my account each month for the balance owed. By submitting this authorization, I attest that I have reviewed and agree to the terms and conditions of the Town of Spring Lake Bank Draft Policy. This authorization will be in effect until I notify the Town that I no longer desire this service, allowing reasonable time to act on my notification.

Signature: _____ **Date:** _____

PLEASE RETURN TO THE WATER DEPARTMENT VIA IN PERSON OR BY MAIL

The Town of Spring Lake
Water Department
300 Ruth Street
Spring Lake, NC 28390
Phone: (910) 703-8912
waterdepartment@townofspringlake.com

FOR OFFICE USE ONLY
Date _____
Received CSR_____