



# Town of WALLACE

North Carolina

## Bank Draft Request

Date of Application: \_\_\_\_\_ Utility Account #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

*I, \_\_\_\_\_, do hereby allow the Town of Wallace to draft my bank account as described below for all monthly Utility Charges. I understand that it can take several months for the draft process to be completed and I will continue to pay as billed until my invoice reflects the bank draft notice.*

*I understand that the draft will occur on or after the 10<sup>th</sup> of each month and will continue until I submit a written notice to discontinue. Any returned drafts will result in a \$30.00 Return Draft Fee and my account will revert to a "Cash Only" status.*

*I have read, understand and agree with all of the foregoing town policies and procedures.*

\_\_\_\_\_  
Signature Printed Name Date

\_\_\_\_\_  
Witness Signature Printed Name Date

ATTACH VOIDED CHECK