



TOWN OF MONTREAT

P. O. Box 423
Montreat, NC 28757
Tel: (828)669-8002 Fax: (828)669-3810
www.townofmontreat.org

AUTHORIZATION AGREEMENT FOR UTILITY PAYMENT DRAFTS

The Town of Montreat offers customers the convenience of paying monthly utility bills via draft from your checking account. Participants in this service have their account drafted automatically each month. Should you decide to participate in this program, you will still receive a monthly bill for your records, but will no longer need to pay by check.

To participate in this program, please complete this application and return it the Town Services Office at 96 Rainbow Terrace, or mail it to us at the above address.

Please be advised that it may take up to one full billing cycle to set up your account with the banking system to activate automatic drafting for your account. Until you start receiving monthly bills indicating that your account has been drafted, please continue paying your account by check.

New Authorization _____ Change in Account or Bank _____

Montreat Utility Account # _____ Route/Sequence # _____

Customer Name _____

Service Address _____

Mailing Address _____

Mailing City _____ State _____ ZIP _____

Daytime Phone Number _____

PLEASE ATTACH YOUR *VOIDED* CHECK HERE

(DO NOT ATTACH A DEPOSIT SLIP – THEY CANNOT BE PROCESSED)

I hereby authorize the Town of Montreat to draft my utility payments and initiate credit entries or such adjusting entries, either Debits or Credits, which are necessary for corrections or adjustments from the account and bank I have indicated above. This authorization is to remain in full force and effect until the Town receives a new written agreement from me. I understand that cancellation of bank draft or change of bank account will require a thirty (30) day prior notice to the Town. I understand that drafts not honored by my financial institution shall be treated in the same manner as a returned check, and shall be subject to all applicable fees and charges. I further understand that if I have two (2) returned drafts within a twelve month period I shall be removed from draft payments and shall be required to pay in cash or certified check for a period of twelve months. I hereby certify that I will notify the Town of Montreat immediately of any changes in my depository relationship with my financial institution that shall affect this draft agreement.

Authorizing Signature _____ Date _____