

Town of Spring Hope
PO Box 87, Spring Hope, NC 27882
Phone (252) 478-5186
Fax (252) 478-7131

BANK DRAFT AUTHORIZATION

I hereby authorize the Town of Spring Hope to draft my monthly utility bill payment from the bank account specified below. I have submitted a voided check as the proof of my account existence. I understand that if my account is drafted and the funds are not available, there will be a \$30 declined draft fee added to my bill. **There will only be one draft per month.** If the funds are not available on that day, I will submit payment to the Town of Spring Hope or risk disconnection of services. If I fail to submit payment and my utility services are disconnected, I understand that I must pay the entire amount due on my account plus a reconnection fee of \$50.00.

In order to be removed from this service, I agree to notify Spring Hope Town Hall 30 days prior to the date from which I would like to be removed.

If my utility services are permanently de-activated, I understand that my total final bill amount will be drafted out of the specified bank account on the 15th of the following month.

Account Holder's Name: _____

Service Address Account Number: _____

Service Address: _____

Mailing Address: _____

Phone #: _____

SS#: _____ Date of Birth: _____

Bank Name _____

Bank Routing # _____

Checking Acct # _____

NOTE: Please attach voided check to this form

DRAFT DATE WILL BE THE 15TH OF EACH MONTH

Account Holder Signature: _____

Date: _____