

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

**BANK DRAFT AUTHORIZATION**

I hereby grant permission to the Town of Spring Hope to draft my monthly utility bill payment from the bank account specified below. I am submitting 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 \$25 charge from the town applied to my bill. There will only be one draft per month. If the funds will not available on that day, it is my responsibility to submit payment to the Town of Spring Hope at least 3 days in advance or risk disconnection if the payment doesn't. If I fail to submit payment and my utility services are turned off, I understand that I must pay the entire amount due on my account plus a reconnection fee of \$75.00. 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 I move out of town, I understand my final bill total will be drafted out of the specified account the following month.

Account Name: \_\_\_\_\_

Service Account Number: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

SS#: Last 4 only: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Bank Name \_\_\_\_\_

Bank Routing # \_\_\_\_\_

Checking Acct # \_\_\_\_\_

**Draft date will be the 15<sup>th</sup> of each month OR the following business day  
in the event it falls on a weekend or holiday.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

“In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, familial status, sexual orientation, and reprisal. (Not all prohibited bases apply to all programs.)”

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