

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 be 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 15th of each month OR the following business day
in the event it falls on a weekend or holiday.**

Signature: _____

Date: _____