



DATE: _____

AUTOMATIC BANK DRAFT PROGRAM/AUTHORIZATION

The Bank Draft Program will allow the City of Havelock to draft a checking/saving account for your monthly water & sewer bill.

- We will continue to *mail a monthly statement showing the amount to be drafted on the 10th of the month. (*unless you choose to have it emailed only)
- Please be aware that it can take up to two full billing cycles before the draft goes into effect; please pay by another method until the draft is in place. *Prior to the draft activation, make your first payments after the 10th of the month so that your account can be pre-noted. A message **“TO BE PAID BY DRAFT”** will appear on the statement when the program is activated (*ask for more info on this request).
- I understand that this authorization will be in effect *until* I notify The City of Havelock *in writing* that I no longer desire this service, or the draft is cancelled by the City of Havelock due to insufficient funds available.
- Please note that any draft returned unpaid by the bank will incur the same fee as a returned check and is subject for removal from the Bank Draft Program.

Your bank statement will show the date, amount deducted and the description “City of Havelock”. If you wish to take advantage of the program, please complete and sign this form. We need to have a “voided” check attached to the authorization form to set up the draft account.

Please be sure that the information you provide is correct and legible to avoid any delays in setting up this program. If you have questions concerning our Bank Draft Program, please contact our Customer Service Department at (252) 444-6404.

CHECKING ACCT NUMBER _____ **BANK ROUTING NUMBER _____

****The Bank Routing Number is located in the lower left corner of the check and is 9 digits.**

I authorize the City of Havelock to draft the water & sewer account listed below. I understand that I have to allow the City reasonable time to act on my notification.

CUSTOMER NAME _____ SERVICE ADDRESS _____

EMAIL: _____ TELEPHONE # _____

SIGNATURE _____

PLEASE INCLUDE A VOIDED CHECK. FAXED COPIES OF THE FORM & CHECK ARE ACCEPTABLE.
This institution is an equal opportunity provider and employer.

FOR OFFICE USE ONLY

DATE RECEIVED _____ ENTERED ON SPREADSHEET BY _____

ACCOUNT # _____ CUSTOMER ID # _____