

# CITY OF RANDLEMAN

204 S Main Street  
Randleman, North Carolina 27317  
(336) 495-7500/ Fax: (336) 495-7503  
www.cityofrandleman.com



For Office Use:

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

Initials: \_\_\_\_\_

## Authorization Agreement for Utility Bank Draft

Please complete this application and return it to the Utility Billing Department.

<input type="checkbox"/>	NEW AUTHORIZATION	<input type="checkbox"/>	CHANGE TO AUTHORIZATION
Date:	<input type="text"/>	Day to Draft:	<input type="text" value="1st"/> <input type="text" value="15th"/>
Billing Account Number:	<input type="text"/>	Customer Name:	<input type="text"/>
Mailing Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text" value="NC"/>
		Zip Code:	<input type="text"/>
Daytime Phone Number:	<input type="text"/>		

I hereby authorize the City of Randleman to initiate debit entries, and if necessary, adjustment entries, from the account and financial institution indicated above. The draft will take place the month following the billing date on the day of the month selected. If the draft date falls on a weekend or holiday, the draft will occur on the next business day. I agree to have sufficient funds available in my account, and understand that if the draft is dishonored or returned, it will be treated in the same manner as a returned check and will be subject to all applicable fees and charges. Furthermore, if I have two returned drafts in a twelve month period, I will be removed from draft payment and shall be required to pay my bill in cash only.

I understand that this authorization shall be in effect until I notify the City of Randleman at least two weeks prior to my draft date of my desire to terminate this service, or when I no longer have an active utility account with the City. I understand that my final bill will be subject to draft unless I notify the city of any alternate arrangements. It is my responsibility to notify the Utility Billing department of any changes in or with my financial institution that would directly affect this draft agreement.

\_\_\_\_\_  
Authorizing Signature

\_\_\_\_\_  
Date

Attach Voided Check Here  
Deposit Slips Cannot Be Processed