☐ I hereby authorize the Town of Southern Pines, hereinafter called the Town, to initiate debt entries to my (our) checking account indicated below and the bank named below, hereinafter called DEPOSITORY, to debit the same to such account.

Depository Name _____

Branch _____

City _____ State _____ Zip _____

Bank transit ABA# _____
(Lower left - First 9 numbers on Check)

Account # _____
(Lower left - Second 9 numbers on Check)

Name(s) _____

Social Security #(s) _____

Phone # _____ Date _____

Signature(s) _____

Please attach a voided check or a deposit slip from your bank account.