



Bank Draft Authorization

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

Depository Name (Bank) _____

Bank Transit ABA# _____

Bank Account # _____

Names(s) _____

Service Address _____

Phone #: _____

Email Address: _____

Social Security Number: _____

Signature _____

Please ATTACH a VOIDED CHECK from your bank account

All funds will be electronically transferred prior to due date. Once a bill has been sent for your bank to electronically transfer, it CANNOT be revoked.

If your account has non-sufficient funds at any time during the EFT (Draft) you will be removed from our EFT service and the current bill would remain unpaid. A \$25.00 return draft fee will be added. ALL future payments must be in cash, credit card (Visa/MasterCard), or money order for the next 12 consecutive months.

UTILITY BILLING OFFICE
TOWN OF SOUTHERN PINES
180 SW BROAD STREET
SOUTHERN PINES, NORTH CAROLINA 28387

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