

TOWN OF BEAUFORT

215 Pollock Street, P.O. Box 390
Beaufort, N.C. 28516
(252) 728-2141, (252) 728-3982 fax
www.beaufortnc.org

AUTHORIZATION FOR BANK DRAFT PAYMENT

I/we authorize the Town of Beaufort to initiate entries to my/our checking or savings account for the monthly Water/Sewer/Trash payments. This authority will remain in effect until I/we notify the Town of Beaufort in writing to cancel it. I understand it is my responsibility to notify the Town of Beaufort if I/we change banks or account numbers by submitting such written notification with a voided check. I/we understand that it will take 30-60 days for this bank draft to take effect, whether new application, change or cancellation.

Note: The Town of Beaufort and the below named financial institution reserve the right to terminate this payment plan.

CHECK ONE: _____ Application _____ Change _____ Cancellation

PLEASE PRINT:

Account name: _____

Service address: _____

Water/Sewer/Trash Account #: _____

Name and address of financial institution: _____

Name(s) on bank account: _____

Type of account to be debited: _____ Checking _____ Savings

Bank account # to be debited: _____

Signature

Date

Signature

Date

A VOIDED CHECK OR DEPOSIT SLIP MUST BE ATTACHED HERE.



Mayor Richard Stanley
Commissioner Robert Campbell Commissioner Math Chaplain Commissioner John Hagle
Commissioner Marianna Hollinshead Commissioner Charles McDonald
Town Manager Terri Parker-Eakes