

TOWN OF BEAUFORT

701 Front 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 MUST BE ATTACHED HERE.



Mayor Richard Stanley
Commissioner Robert Campbell Commissioner Marianna Hollinshed Commissioner John Hagle
Commissioner Ann Carter Commissioner Charles McDonald
Town Charles Burgess, Jr.