TOWN OF ELON
104 S Williamson Ave
Elon, NC 27244
Phone: 336-584-0282

AUTHORIZATION FOR AUTOMATIC DEBITS
(DRAFT WATER PAYMENTS)

W/S Services Account #: _____

Customer's Name:_____

Service Address:_____

I hereby authorize the Town of Elon to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my checking account indicated below and the financial institution named below, to debit and/or credit the same to such account.

Financial Institution_____ Branch_____

City_____ State_____ Zip Code_____

Transit/ABA No._____ Checking A/C #_____
(9 digits)

This authority is to remain in full force and effect until the Town of Elon has received written notification from me of its termination in such time and in such manner as to afford the Town of Elon and the financial institution named above a reasonable opportunity to act on it.

Name:_____Phone #_(_____)(_____)
Area Code *Phone Number*

Signature:_____ Date Signed_____

*****PLEASE ATTACH A VOIDED CHECK*****

Please notify us when changing banks or if you wish to cancel your draft.

Return this completed draft authorization to: Town of Elon
P. O. Box 595
Elon NC 27244

(Rev: 10/2013)