



BANK DRAFT AUTHORIZATION FORM

To establish bank draft, you must:

- Be the CFPUA account holder or be authorized on the CFPUA account;
- Provide a **voided check** if you wish to draft from your **checking account**; **OR**
- Provide a **savings account deposit slip** if you wish to draft from your **savings account**.

NAME (Print): _____

MAILING ADDRESS: _____

SERVICE ADDRESS: _____
(If different from mailing address)

TELEPHONE: _____ (HOME) _____ (CELL)

UTILITY ACCOUNT NUMBER: _____

PLEASE INDICATE TYPE OF DRAFT: CHECKING _____ SAVINGS _____

I UNDERSTAND:

- Any balance on my account that has a due date on or before the date bank draft is established will draft the next business day;
- Future drafts will occur on the due date indicated on each statement;
- I have the right to stop future drafts by providing a written request to CFPUA two weeks in advance of the draft date. A new bank draft request will be required to re-establish bank draft on my account;
- If the draft is rejected or returned for any reason, bank draft will be removed from my account and I may be subject to additional fees.

By my signature below, I grant Cape Fear Public Utility Authority permission to draft the amount of my bi-monthly utility bill from the financial institution account on the attached **voided check** or **savings deposit slip** and I also affirm that I have proper legal authority to withdraw funds from this account.

Signature (To sign, please print form)

Date