



# 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

**\*\*Please print to sign or apply electronic signature.\*\***

\_\_\_\_\_  
Date

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