

Pilot Mountain Town Hall
 124 West Main Street, Box 1
 Pilot Mountain, NC 27041
 (P) - 336.368.2247
 (F) - 336.368.9532
 www.pilotmountainnc.org



Date Received: _____
Entered Date: _____
1 st Draft Date: _____
Initials: _____

ELECTRONIC FUNDS TRANSFER – ENROLLMENT FORM

Customer Information	
Customer Name:	Phone Number:
Service Address:	Utility Account Number:

This agreement authorizes the Town of Pilot Mountain to automatically debit customer named above for the monthly charges accrued to that account. It is understood that this draft will occur on the date the utility payment is due, which is currently on the 15th of every month, barring any bank holidays, etc. in which case it will be drafted as soon as possible after the 15th.

It is also understood that either party may terminate this contract. The customer should notify the town in writing which account information sufficient to identify the customer's account. Should the Town cancel the contract, sufficient notice shall be given. Either party prior to terminating the contract should give at least one month's notice.

Bank Information	
Financial Institution Name: (as shown on your check/deposit slip)	
City/State:	Zip Code:
Bank Routing Number:	Bank Account Number:

A voided check must be attached to this form.

Authorization Agreement

I hereby authorize the Town of Pilot Mountain to collect any utility bills I owe by drafting payments from my account at the financial institution stated above. Further, I authorize the Bank to accept and to draft entries indicated by the Town from my account. In the event the Town drafts funds erroneously from my account, I authorize the Town to credit my account for an amount not to exceed the original amount of the erroneous draft, and I agree to hold the Town harmless for any other charges to my account that may occur as a result of such error. This authorization is to remain in full force and effect until the Town has received notice, in writing, of its termination.

Any transaction rejected by the bank for any reason other than bank error will be treated as a returned check and charged a \$30.00 fee.

 Printed Name

 Social Security Number

 Signature

 Date