

TOWN OF HOLLY SPRINGS

Authorization Agreement for Automatic Draft

I (we) hereby authorize The Town of Holly Springs to initiate debit entries or such adjusting entries, either debit or credit which are necessary for corrections, to my (our) checking or savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit (or credit) the same to such account.

DATE: _____

DEPOSITORY NAME: _____ BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

ROUTING #: _____ ACCOUNT #: _____

Check one

CHECKING _____

SAVINGS _____

This authorization is to remain in full force and effect until the Town of Holly Springs has received written notification from me of its termination in such time and in such manner as to afford the Town of Holly Springs and Depository a reasonable opportunity to act on it.

NAME: _____

ADDRESS: _____

UTILITY ACCOUNT NUMBER: _____

SIGNATURE

DATE

A VOIDED CHECK MUST ACCOMPANY THIS FORM

Please mail the completed form and your voided check to: Town of Holly Springs
Attn: Finance Department
P.O. Box 8
Holly Springs, NC 27540

Or fax the completed form with a copy of your voided check to : (919) 557-7407

***Please continue to pay you bill by check, cash or money order until your bill indicates it is being drafted.

