



Draft Authorization

A VOID CHECK IS REQUIRED

I am a(n): Owner Renter

Date		Account Number:	
Owner Name:			
Renter Name (If Applicable):			
Mailing Address:			
Service Address:			
Home Phone #:		Cell Phone #:	
E-Mail Address:			
Bank Name:		Type of Account:	Checking
Bank Address			
Contact #:			

Please pay and charge to my account all drafts drawn by:

Town of Robbins
P.O. Box 296
Robbins, NC 27325

To its own order once each month beginning _____.

This authorization will remain in effect until canceled by me in writing, and until you actually receive such notice. I agree that the Town of Robbins shall be fully protected in honoring such draft. I agree that your treatment of each such draft, and your rights in respect to it, shall be the same as if it were signed personally by me.

Bank Transit Number:	
Checking Account Number:	

Signature: _____