



## Draft Authorization

A VOID CHECK IS REQUIRED

I am a(n):  Owner  Renter

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

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.

|                                 |  |
|---------------------------------|--|
| <b>Bank Transit Number:</b>     |  |
| <b>Checking Account Number:</b> |  |

Signature: \_\_\_\_\_