



Gibsonville *North Carolina*



TOWN OF GIBSONVILLE 129 W MAIN STREET
GIBSONVILLE, NC 27249

BANK DRAFT AGREEMENT

Customer _____ Account # _____

Service Address _____

Mailing Address _____

Financial Institution _____ () checking () savings

Branch Location _____

Routing & Transit # _____ Bank Account # _____

Please attach a copy of a voided check for this account.

By signing, the customer agrees to have his/her water bill drafted from their bank account each month. The customer will be notified of the amount withdrawn for payment on the regular monthly bill. The date of withdrawal will also be posted on the bill. Withdrawals occur on or after the 12th of each month.

This agreement will remain in effect until the customer provides thirty (30) day written notice to the bank and the Town to discontinue the service. Please note that it takes approximately two (2) billing cycles for the bank draft to go through.

Customer Signature

Date