



# Town of Burgaw Application for Utilities RESIDENTIAL APPLICATION

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ \*Race: \_\_\_\_\_ Drivers Lic #: \_\_\_\_\_ State: \_\_\_\_\_

\*SS #: \_\_\_\_\_ Name as it appears on SS Card: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Would you like to receive your utility bill by **e-mail**? If so, please provide your e-mail address below. *By providing an e-mail address, you will not receive a utility bill in the mail.*

\_\_\_\_\_

**If this is a rental home, please list landlord's name, address and phone number below:**

Landlord Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Co-Applicant Information

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ \*Race: \_\_\_\_\_ Drivers Lic #: \_\_\_\_\_ State: \_\_\_\_\_

\*SS #: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

*\*Race information is required to be gathered by federal law in order to insure compliance that services are provided to any and all people regardless of race, color, natural origin, sex, age and/or disabilities.*

*\*The disclosure of a social security number is mandatory. The social security number is collected from any person who may become a debtor for purposes of Setoff Debt Collection, G.S. 105A-3(c). The information may be used for collection.*

*\*\*\* All information above must be completed in order for the required credit check to be performed. Applicant must pay \$5.00 for credit check..*

**"This institution is an equal opportunity employer"**

**"Esta institucio'n es un proveedor de servicios con igualdad de oportunidades."**

**Hearing Impaired: Please dial 711**

**All utility bills are due by the 15<sup>th</sup> of the month. If we have not received your payment in Town Hall by 5:00 PM on the 15<sup>th</sup>, a \$35.00 administrative fee is imposed on all delinquent accounts. Administrative fees and past due balances must be paid in full before the 21<sup>st</sup> day of the month to avoid disconnection of service.**

**I have read this agreement and I agree to these terms.**

Signature \_\_\_\_\_ Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_

### OFFICE USE ONLY

Account # \_\_\_\_\_ Deposit/Fees \_\_\_\_\_ Turn On \_\_\_\_\_

Endpoint# \_\_\_\_\_ Serial# \_\_\_\_\_ Route \_\_\_\_\_ Sequence \_\_\_\_\_ Reading \_\_\_\_\_

**\*\*\*PLEASE COMPLETE ATTACHED FORM IF YOU WISH TO SET UP AUTOMATIC DRAFT\*\*\***

# TOWN OF BURGAW

## BANK DRAFT APPLICATION

Today's Date: \_\_\_\_\_

Customer Name(s): \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Contact (if business): \_\_\_\_\_

Water / Sewer Account No.: \_\_\_\_\_

### BANK INFORMATION

Bank Name: \_\_\_\_\_

Bank Branch: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

**You are hereby authorized to honor drafts each month, drawn by and payable to the Town of Burgaw on the above account. This authority is to remain in effect until revoked by me in writing. I further agree that if any such draft be dishonored whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever.**

Customer Signature(s): \_\_\_\_\_

\_\_\_\_\_  
(Joint accounts must have both signatures)

TO BE FILLED OUT BY OFFICE

Account Number: \_\_\_\_\_ Bank Code: \_\_\_\_\_

Billing Clerk