

TOWN OF BURGAW
BANK DRAFT APPLICATION

Customer
Name(s): _____

Service Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

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 : _____