

MAIDEN

LIVING MADE EASY

Town of Maiden

BANK DRAFT APPLICATION

19 North Main Ave Maiden, NC 28650

Office (828) 428-5000 Fax (828) 428-5017

Name of Applicant _____

Address _____

Telephone No. _____

Type of Account: Checking Savings

Name of Bank _____

Bank Account No. _____

Town of Maiden Account No. _____

Date of First Draft _____

Signature of Applicant _____

Date _____

- 1) If you choose to have your checking account drafted, a voided check must be provided to the Town with the application
- 2) Applications received between the 1st and 10th of the month will result in your First draft being made the following month. Applications received after the 10th day of the month will not be considered until the second month.
- 3) A "dummy" draft will appear on your bank statement as a zero (0) transaction before the first draft is made.
- 4) Funds will be drafted from your account on or after the 15th of each month.

*** A bank draft change form must be submitted by the 7th of
The month in order to cancel and/or change the bank draft.

