



TOWN OF ELON  
104 S Williamson Ave  
Elon, NC 27244  
Phone: 336-584-0282

### BANK DRAFT AUTHORIZATION FORM

Water/Sewer Services Account#: \_\_\_\_\_

Customer's Name: \_\_\_\_\_

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

I hereby authorize the Town of Elon to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my **checking account** indicated below and the financial institution named below, to debit and/or credit the same to such account.

Financial Institution: \_\_\_\_\_

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

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

Transit/ABA No.: \_\_\_\_\_

Checking Account #: \_\_\_\_\_

This authority is to remain in full force and effect until the Town of Elon has received written notification from me of its termination in such time and in such manner as to afford the Town of Elon and the financial institution named above a reasonable opportunity to act on it.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Print) *Area Code + Phone Number*

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

\*\*\*\*\* PLEASE ATTACH A VOIDED CHECK \*\*\*\*\*

Please notify us when changing banks or if you wish to cancel your draft.

Return this completed draft authorization to: Town of Elon  
P.O. Box 595  
Elon NC 27244