



MONTGOMERY COUNTY PUBLIC UTILITIES

BILLING & CUSTOMER SERVICE
444 North Main Street
Troy, NC 27371
(910) 572-1221

www.montgomerycountync.com

TREATMENT & OPERATIONS
724 Hydro Road
Mt. Gilead, NC 27306
(910) 439-6197



BANK DRAFT AUTHORIZATION

By completing this form, you agree to have the full amount of your water/sewer utility bill automatically withdrawn from your bank account on the due date of the bill.

For MCPU use only
Account No: _____

- Is this a:**
- Initial application
 - Change to previous application
 - Cancellation

Requested Cancellation Date: _____

Service Address: _____
 City: _____
 State: _____
 Zip Code: _____
 Account No.: _____

Draft Termination Date: _____

(no date = draft continues with active account)

Account Holder: _____
 Last Name First Name MI

Phone No.: _____
 Email: _____

Financial Institution: _____
 Street: _____
 City: _____ State: _____
 Zip Code: _____
 Phone #: _____
 Bank Account #: _____
 Bank Routing #: _____

Checking *or* Savings

Name(s) on Account: _____
 Last First MI

 Last First MI

Authorization for Direct Draft:

I authorize the Montgomery County to initiate automatic drafts from my checking or savings account for the full amount of my monthly water/sewer bills. I understand that Montgomery County will initiate these transactions each month to receive funds on the bill due date. I understand it is my responsibility to notify the County of Montgomery if there is a change in banks or account numbers, or if I wish to cancel this authorization by submitting an additional Bank Draft Authorization form indicating the changes. I understand that it may take up to 10 days for this bank draft to take effect (whether new application, change to previous application, or cancellation). I understand that should the bank draft request be returned to Montgomery County for insufficient funds, the NSF Fee will be added to my utility account; and my utility account will be subject to the Late Fee and Delinquent Fee as applicable. Montgomery County and the financial institution named above reserve the right to terminate this payment plan.

Account Holder's Signature

Date

By printing your name and date electronically you are agreeing to the authorization for direct draft.

		For MCPU use only
Date Received:	_____	
Initial Draft Date:	_____	
Draft Termination Date:	_____	(if applicable)
<p>I certify that at least one signature above is on the Utility Service Application for this service address. The financial institution has been notified of this request and is able to set-up and or terminate this draft prior to the dates above.</p>		
_____ MCPU Representative Signature		_____ Date

A VOIDED CHECK OR DEPOSIT SLIP FOR THE ACCOUNT NAMED ABOVE MAY BE ATTACHED HERE