

# Town of Carthage

## Bank Draft Authorization Form

Customer Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Customer Mailing Address (if different): \_\_\_\_\_

Customer Phone Number: \_\_\_\_\_

- I hereby authorize the Town of Carthage to automatically draft my payment for my monthly utility service directly from my checking/savings account.
- I understand that my payment will be drafted from my account on the 10<sup>th</sup> day of each month, unless that date falls on a weekend or holiday; then it will be drafted the first business day following.

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

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

- Checking Account       Savings Account

Customer Signature: \_\_\_\_\_

Please return form to:

Kim Gibson  
Customer Support Specialist  
[KSGibson.admin@TownofCarthage.org](mailto:KSGibson.admin@TownofCarthage.org)

Or mail to the Town Hall:  
4396 Hwy 15/501  
Carthage, NC 28327

