

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 10th 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

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

