



City of Clinton

PO Box 199

Clinton, North Carolina 28329-0199

Bank Draft Authorization

Name: _____

Address: _____

Telephone No: _____

Service Acct. No.(s): _____

I authorize The City of Clinton Finance Department to draft the amount of my monthly bill from the financial institution listed below:

Name Of Your Bank

Bank Transit Number

Bank Account Number

I would like you to draft my bill from: (check appropriate line)

_____ Checking Account (attach a void check)

_____ Saving Account (attach a void deposit/withdrawal slip)

I have the right to stop payment of my bill upon timely written notice to The City of Clinton Finance Department.

Signature

Date