



City of Clinton
PO Box 199
Clinton, North Carolina 28329-0199

Bank Draft Authorization

Name: _____

Address: _____

Telephone Number: _____

Service Account Number(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)

_____ **Savings 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

