



ROCKY MOUNT, NC
THE CENTER OF IT ALL

UTILITY BILLING - DRAFT AUTHORIZATION

Questions? Call (252) 972-1250

Today's Date: _____

Utility Account Name: _____
the name on your account

Address: _____

Telephone Number: _____

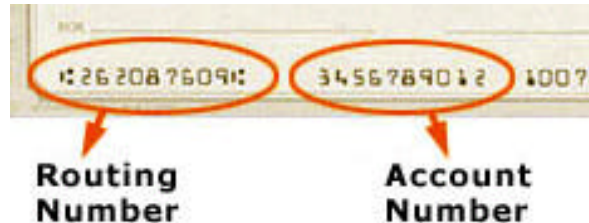
Utility Account Number: _____

Name of Bank: _____

Checking Account Name: _____
the name on your account

Checking Account Number: _____

Bank Routing Number: _____



I hereby authorize the City of Rocky Mount to draft the above bank account monthly for the purpose of paying the utility charges for the above account. I recognize that if I wish to discontinue this draft, I must notify the City of Rocky Mount within ten days upon receipt of my utility statement. I understand that my draft may be done up to five (5) days before or after* my due date. I also understand that the automated service may not begin before my next scheduled payment, and that I am responsible for ensuring that my payment has been made on time.

Customer Signature

**Customer will NOT incur a late charge if payment is drafted after the due date.*

A voided check is required to authorize an automated bank draft!

Mail this completed form & a voided check to:

City of Rocky Mount
Collections Office
PO Box 1180
Rocky Mount, NC 27802-1180

You may also submit this information in person to:

Business Services Center
224 S. Franklin Street
Rocky Mount, NC
27804-1180