



# CITY OF CONOVER

## UTILITY BILLING AUTOMATIC BANK DRAFT AUTHORIZATION

PO Box 549 | 101 1st St E  
Conover, NC 28613  
828-464-1191  
Fax: 828-465-5177  
www.conoverncc.gov

I hereby authorize the City of Conover to draft the amount of my monthly bill from my:  
 **checking** or  **savings account.**

I understand that this authorization will remain in effect until I decide to terminate the service or if I decide to change financial institutions. In which case I will provide a **Stop Bank Draft Form** within 30 days, and/or provide a **new application along with a voided check** to resume services.

I hereby agree to have sufficient funds available in my account for this service and understand that an additional fee, in accordance with the current fee schedule, will be required to be paid in the office. Failure to comply with the terms of this contract could mean termination of services.

Your draft will be deducted on the 10th of every month or the next business day if on a weekend or holiday. It may take 30-60 days to initiate.

This authorization is nonnegotiable and nontransferable. **Please attach a voided check with this form.**

- New Bank Draft Customer
- Changing Banks
- Changing account within the same bank

Water Acct Number: \_\_\_\_\_

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

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

Customer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Staff Use Only:

Date: \_\_\_\_\_

By: \_\_\_\_\_