



TOWN OF LELAND

102 Town Hall Drive

Leland, NC 28451

910-371-0148

910-371-1073 fax

AUTHORIZATION AGREEMENT – UTILITY PAYMENTS ACH PREAUTHORIZED PAYMENTS (DEBITS)

I hereby authorize the Town of Leland to initiate debit entries or such adjusting entries, either debit or credit which are necessary for corrections, to my Checking or Savings account indicated below and the financial institution named below to credit (or debit) the same to such account. The purpose of this draft against such account shall be payment of any bill for sewer services provided to me by the Town of Leland. **THIS DRAFT WILL OCCUR ON THE 5th OF EACH MONTH OR THE NEXT BANKING DAY IN EVENT OF A HOLIDAY OR WEEKEND.** In the event of denial by the bank you are responsible for your payment by the 10th of each month. You will also be responsible for any NSF fees associated with a denial.

Financial Institution Name City State

Transit/Routing Number Account Number

I understand that this authorization will be **in effect until I notify Town of Leland in writing** that I no longer desire this service, allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution. I agree to give my financial institution a written notice identifying the entry, stating that it is in error, and requesting credit back to my account. I will provide this written notice within 15 calendar days following the date on which I was sent a statement of my account or a written notice of such entry, or 45 days after posting, whichever occurs first.

Name

TOL Account Number Service Address Phone Number

Signature Date

Please attach voided check here.