



Town of Leland
102 Town Hall Dr
Leland, NC 28451
910-332-5000
utilities@townofleland.com

Application for Automatic Bank Draft

I authorize the Town of Leland to have my Utility Payment drafted directly from my bank account or other financial institution. **I understand that my account will be drafted on the due date indicated on each statement.** I also understand that if the draft is rejected because of insufficient funds or other reason, I may be subject to additional fees.

Draft from Checking Account (please attach a voided check)

Financial Institution Name _____

Bank Transit/Routing Number _____

Bank Account Number _____

Draft from Credit Card

Credit Card Type _____

Credit Card Number _____

Expiration Date _____

Name on Credit Card _____

Billing Address _____

Billing Zip Code _____

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.

Customer Name _____

Phone Number _____

Account Number _____

Service Address _____

Signature _____ Date _____