



**TOWN OF CLAYTON**

Utilities & Billing  
111 E. Second St., P.O. Box 879  
Clayton, NC 27528  
Phone: 919-553-5002  
Fax: 919-553-0719  
utilities@TownofClaytonNC.org

Account # \_\_\_\_\_

**BANK DRAFT AUTHORIZATION**

The Town of Clayton offers customers the **FREE** convenience of paying monthly utility bills via draft from a checking account. Participants will continue to receive their monthly bill and will have their account drafted on a scheduled due date. If you would like to take advantage of this **FREE** service, please complete this application and return it to the Customer Service Department. We will process your request as quickly as possible.

\_\_\_\_\_ New Bank Draft Authorization      \_\_\_\_\_ Change in Account Number or Bank

<b>Cycle 1: DATE TO DRAFT ACCOUNT</b>	_____ 8 <sup>th</sup>	_____ 15 <sup>th</sup>	_____ 22 <sup>nd</sup>
<b>Cycle 2: DATE TO DRAFT ACCOUNT</b>	_____ 15 <sup>th</sup>	_____ 22 <sup>nd</sup>	_____ 29 <sup>th</sup>
<b>Cycle 3: DATE TO DRAFT ACCOUNT</b>	_____ 15 <sup>th</sup>	_____ 22 <sup>nd</sup>	_____ 29 <sup>th</sup>
<b>Cycle 4: DATE TO DRAFT ACCOUNT</b>	_____ 8 <sup>th</sup>	_____ 22 <sup>nd</sup>	_____ 29 <sup>th</sup>

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

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

Phone #: (home) \_\_\_\_\_ (alternate) \_\_\_\_\_

**Please attach a voided check here.**  
**\*\* Deposit slips cannot be processed \*\***

I hereby authorize the Town of Clayton to draft my utility payments and initiate credit entries or such adjusting entries, either Debits or Credits, which are necessary for corrections or adjustments from the account and bank I have indicated above. This authorization is to remain in full force and effect until the Town receives a new written agreement from me. I understand that cancellation of bank draft will require a thirty (30) day prior written notice to the Town. I understand that drafts not honored by my financial institution shall be treated in the same manner as a returned check, and shall be subject to all applicable fees and charges. I further understand that as is the policy with returned checks, if I have two returned drafts within a twelve month period, I shall be removed from draft payment, and shall be required to pay in cash, certified check or credit card. I hereby certify that I will notify the Customer Service department immediately of any changes in my depository relationship with my financial institution that shall affect this draft agreement. I am also aware Customer Service will need 30 days notice if I should need to change my draft date.

\_\_\_\_\_  
Authorizing Signature

\_\_\_\_\_  
Date