



# Town of Warrenton Public Works

113 S Bragg St | PO Box 281  
Warrenton, NC 27589  
Office: (252) 257-3315 | Fax: (252) 257-9219  
warrenton.nc.gov

## Bank Draft Authorization

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Service Address \_\_\_\_\_ Account Number \_\_\_\_\_

*I, the undersigned, grant authorization to the Town of Warrenton to initiate recurring monthly electronic drafts from the designated bank account, in the total amount due, to be processed on the 15<sup>th</sup> of each month. If the 15<sup>th</sup> falls on a weekend or holiday, the draft will be processed on the next business day. This authorization will remain in effect until the Town of Warrenton receives notification of its cancellation. I acknowledge returned draft payments will incur a returned payment fee. Repeated instances of returned drafts will result in the termination of this authorization by the Town of Warrenton. I understand it is my responsibility to notify the Town of Warrenton of any changes to my bank account information or if my bank account is closed.*

- ☐ Start a New Draft  
☐ Change Bank Information – Please fill out cancellation below.

**A voided check is REQUIRED**

Name of Bank \_\_\_\_\_

Account Type ☐ Checking ☐ Savings

Bank Address \_\_\_\_\_

Bank Account Number to be Drafted

Effective Date \_\_\_\_\_

Bank Routing Number

- ☐ Cancel Current Bank Draft – Notice of termination must be received by the 12<sup>th</sup> for changes to take effect before the next draft date.

Effective Date \_\_\_\_\_

Name of Bank \_\_\_\_\_

Account Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### For Town of Warrenton Use Only

Entered in FMS? ☐ Yes ☐ No Date Entered \_\_\_\_\_

Use Draft Selected? ☐ Yes ☐ No

Documents Uploaded? ☐ Yes ☐ No Completed By \_\_\_\_\_