



**AUTO DRAFT FORM  
AUTHORIZATION AGREEMENT  
ACH PREAUTHORIZED PAYMENTS (DEBITS)**

**UTILITY ACCOUNT NUMBER:** \_\_\_\_\_

**SERVICE ADDRESS:** \_\_\_\_\_

**DRAFT FROM: CHECKING ONLY**

**FINANCIAL INSTITUTION NAME, CITY & STATE:**  
\_\_\_\_\_

**TRANSIT/ROUTING NUMBER:** \_\_\_\_\_

**ACCOUNT NUMBER:** \_\_\_\_\_

**I hereby authorize the Town of Valdese to initiate debit entries or such adjusting entries, either debit or credit, which are necessary for corrections, to my checking or savings account (as indicated above).**

**I understand that this authorization will be in effect until I notify the Town of Valdese 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 the Town of Valdese 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 the Town of Valdese. I agree to give the Town of Valdese 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.**

**I agree that if I wish to remove my account from auto-draft, I must notify the Town of Valdese by the 20<sup>th</sup> of the month. If the draft is returned, due to my cancelling with the financial institution before notifying the Town, or if the draft is returned due to insufficient funds, or closing, or changing the account, I will be charged a \$25 return check fee.**

**SIGNATURE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_