

City of Elizabeth City

Customer Service Department=====

BANK DRAFT

Date: _____ Account No.: _____

Customer Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Customer Bank: _____

Bank Account No.: _____

Bank Location: _____

Bank Routing No.: _____

(First 9 digits, bottom left corner of check)

Please attach a copy of a voided check for this account.

The customer agrees to have his utility bill paid directly from the above checking account each month. This agreement will remain in effect until the customer notifies, in writing, the City of Elizabeth City to discontinue the service.

Signature of Customer

Signature of City Representative