



AUTHORIZATION AGREEMENT FOR BANK DRAFT

I (We) hereby authorize Johnston County Public Utilities to draft my (our) checking or savings account in order to pay my (our) monthly utility bill. I (we) authorize Johnston County to initiate debit entries, and if necessary, credit entries for any adjustments or debit errors to my (our) account and the Depository Institution named below to debit the account.

This authority is to remain in effect until Johnston County Public Utilities receives written notification of termination and has a reasonable opportunity to take action. The depository customer has the right to stop payment of debit entry by notifying the depository prior to charging the account.

***** Please complete this form in full, and attach a voided check or attach a letter of draft authorization from your banking institution in lieu of a voided check in order to begin this draft. (Draft dates are 5 days prior to your billing due date.)**

PLEASE SECURELY ATTACH A VOIDED CHECK IF CHECKING ACCOUNT OR A VOIDED WITHDRAWAL FORM IF SAVINGS ACCOUNT.
NAME OF DEPOSITORY (Banking institution)
Fill in the complete routing number and account number that appear across the bottom of your check or withdrawal form:
Type of Account: _____ Checking _____ Savings

PLEASE PRINT

Utility Bill Account Number:	
Customer Name:	Phone Number:
Mailing Address:	
Your email address:	

Signature(s): _____ Date _____

Signature(s): _____ Date _____