



Town of Jonesville  
1503 NC Hwy 67

Office Number: 336-835-3426  
Fax: 336-835-3231  
After Hours Emergency:  
336-835-2855  
Email: Utilityclerk@jonesvillenc.gov

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### Bank Draft Authorization Form

Name: \_\_\_\_\_

Utility Account Number: \_\_\_\_\_

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

Billing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date for draft to begin: \_\_\_\_\_

I authorize the Town of Jonesville Finance Department to draft the amount of my monthly utility bill from the financial institution listed below. I understand that my account will be drafted on the 12<sup>th</sup> of each month to ensure that funds are processed by the 15<sup>th</sup>. I have the right to stop automatic payment of my bill upon timely written notice to the Town of Jonesville Finance Department and my designated financial institution. I understand that any returned draft for nonpayment or insufficient funds/draft will result in a \$25.00 fee. Furthermore, the amount must be corrected within 48 hours of being notified. In the event of TWO returned drafts within a 12 month period, my account will be flagged and only cash payments will be accepted.

Check One

\_\_\_\_\_Checking Account

\_\_\_\_\_Savings Account

Name of your bank as it appears on your check:

\_\_\_\_\_

Print your name as shown on your bank account:

\_\_\_\_\_

Your Signature as accepted by your bank;

\_\_\_\_\_Date:\_\_\_\_\_

Bank Routing/Transit Number

Bank Account Number

\_\_\_\_\_

**\*\*ATTACH A COPY OF CHECK TO CONFIRM BANK ACCOUNT & ROUTING/TRANSIT NUMBER**