



Town of Jonesville

1503 NC Hwy 67,
Jonesville, NC 28642

Office Number: 336-835-3426

Fax: 336-835-3231

After Hours Emergency:
336-835-2855

Email: dlundy@townofjonesvillenc.com

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 12th of each month to ensure that funds are processed by the 15th. 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**