

# CITY OF LUMBERTON



## AUTHORIZATION AGREEMENT FOR ELECTRONIC BANK DRAFT

I (we) hereby authorize the City of Lumberton Public Services Department to:

\_\_\_\_\_ Remove my utility account from electronic bank draft status on account number \_\_\_\_\_

\_\_\_\_\_  
Signature

I (we) hereby authorize the City of Lumberton Public Services Department to:

\_\_\_\_\_ Change banks and/or bank accounts for my electronic bank drafts

\_\_\_\_\_ Add my utility account to electronic bank draft status

I (we) hereby authorize the City of Lumberton to initiate debit entries to my (our) account as indicated below and the financial institution indicated below to debit the same to such account each month. ***I (we) hereby understand that this authorization will remain in full force and effect until I (or either of us) notify the City of Lumberton and the depository in writing that this is no longer desired, allowing both the City of Lumberton and the depository reasonable time to act on such notification. I understand that there is a pre-note period for new enrollments; therefore it may take up to 60 days before bank draft begins. A note will be placed on my utility bill when bank draft occurs.***

I (we) also understand that if corrections in the debit amounts are necessary, it may involve an adjustment (credit or debit) to my (our) account. I (we) have the right to stop payment of a debit entry by notifying the depository prior to the account being charged. If an erroneous debit entry is charged to my (our) account, I (we) have the right to have the amount of such entry credited to the account by the depository, if, within 15 calendar days following the date on which depository sent me (us) a statement of account or a written notice of such entry or 45 days after posting, whichever occurs first, I (we) give the depository a written notice identifying such entry, stating that it is in error and requesting credit back to my (our) account.

I (we) understand that if for some reason the draft is not honored by my (our) financial institution, I (we) will become responsible for paying the original draft amount as well as any fees associated with the dishonored draft.

***I also understand that it is my responsibility to make all payments until the first initial draft which may take 30-60 days***

Initial(s) \_\_\_\_\_

		UTILITY ACCOUNT		CLERK	
BANK NAME		STATE:			
BANK ROUTING #		BANK ACCOUNT #			
BUSINESS NAME : (If applicable)					
PRIMARY ACCOUNT HOLDER:					
SSN:		DL / ID :			
PHONE #		SIGNATURE:			
AUTHORIZED / POA:					
SSN:		DL / ID :			
PHONE #:		SIGNATURE:			

All information obtained on this form will be for the sole use of the City of Lumberton.  
A **Voided Check** must be attached for enrollment in the Bank Draft Program.