

**Town of Beaufort  
701 Front St.  
Beaufort, NC 28516**

**AUTHORIZATION FOR BANK DRAFT**

I AUTHORIZE THE TOWN OF BEAUFORT TO INITIATE DRAFT. THIS AUTHORITY WILL REMAIN IN EFFECT UNTIL I NOTIFY THE TOWN OF BEAUFORT IN WRITING TO CANCEL. I UNDERSTAND IT IS MY RESPONSIBILITY TO NOTIFY THE TOWN OF BEAUFORT IF I CHANGE BANKS OR ACCOUNT NUMBERS BY PROVIDING A NEW VOIDED CHECK.  
\*NOTE: THE TOWN OF BEAUFORT AND THE FINANCIAL INSTITUTION RESERVE THE RIGHT TO TERMINATE THIS PAYMENT PLAN.

**\*\* DRAFTS ARE PROCESSED ON THE 10<sup>TH</sup> OF EACH MONTH\*\***

CHECK ONE:

\_\_\_\_\_ APPLICATION      \_\_\_\_\_ CHANGE      \_\_\_\_\_ CANCELLATION

PLEASE PRINT

NAME: \_\_\_\_\_ ACCT#: \_\_\_\_\_

DAYTIME PHONE #: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

NAME OF FINANCIAL INSTITUTION: \_\_\_\_\_

NAME(S) ON BANK ACCOUNT: \_\_\_\_\_

BANK ROUTING #: \_\_\_\_\_

BANK ACCOUNT #: \_\_\_\_\_

TYPE OF ACCOUNT TO BE DEBITED:

\_\_\_\_\_ CHECKING    OR    \_\_\_\_\_ SAVINGS

\_\_\_\_\_  
Signature-required of all      Date

\_\_\_\_\_  
Signature-required of all      Date

**\*IF DRAFT IS CANCELLED PRIOR TO SIX MONTHS, THERE IS A  
\$25 SERVICE FEE TO BE PAID AT TIME OF WRITTEN CANCELLATION\***

PLEASE ATTACH VOIDED CHECK HERE FOR CHECKING ACCOUNT