

TOWN OF FUQUAY-VARINA BANK DRAFT AUTHORIZATION

NAME ON UTILITY ACCOUNT: _____

NAME OF FINANCIAL INSTITUTION: _____

BANK CODE NUMBER: _____

BANK ACCOUNT NUMBER _____

I hereby request and authorize this financial institution to pay and charge my account for debits originated by, and made payable to the Town of Fuquay-Varina.

I agree that your rights in respect to each said item shall be the same as if a check drawn and signed personally by me. This authorization remains in effect until revoked by me in writing and until such notice I agree that you shall be fully protected to honor such items.

NAME(S) AS ON BANK ACCOUNT: _____

UTILITY ACCOUNT NUMBER _____

SIGNATURE AS ON BANK ACCOUNT: _____