



Town of Fuquay-Varina  
**BANK DRAFT AUTHORIZATION**

**Name on Utility Account** \_\_\_\_\_

**Name of Financial Institution** \_\_\_\_\_

**Bank Routing 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 my rights in respect to each said item shall be the same as if a check was drawn and signed 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) on Bank Account** \_\_\_\_\_

**Utility Account Number** \_\_\_\_\_

**Signature as on Bank Account** \_\_\_\_\_

**Please attach a voided check in the space below. Thank you.**