



Town of Kill Devil Hills
Public Services Department
AUTHORIZATION AGREEMENT FOR AUTOMATIC DRAFTS

Yes, I want the convenience of having my utility bill automatically drafted from my checking account.

Customer Name: _____

Customer's Utility Account #: _____

Service Address: _____

Bank Transit/Routing Number: _____

Checking Account Number _____

I authorize funds to be withdrawn from the checking account provided above. This authorization is to remain effective until the Town of Kill Devil Hills has received notification from me (account holder) requesting termination of draft. I will provide this information in such time and manner for the Town of Kill Devil Hills to reasonably act upon it.

Date: _____

Name: _____

Signature: _____

Please Note: Application must be accompanied by a voided check (no deposit slips) from the account to be drafted. Application must be received in office at least ten days prior to due date in order to draft current bill.