

Town of River Bend – Water Resources

Water and/or Sewer Billing

Electronic Funds Transfer – Enrollment Form

Customer Information

(Please type or print clearly)

Customer Name: _____

Service Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Utility Bill Account Number: _____

All utility bill payments for the above listed customer will be paid via direct draft from the account listed below. Any changes to or termination of this Authorization must be made in writing and received by the Town not less than thirty (30) days before the desired effective date of such change or termination. If the bank account is closed, notification must be made immediately to the Town.

Bank Information

Bank Name (as shown on your check/deposit slip): _____

Bank Address: _____ City/State/Zip: _____

Bank Phone Number: _____

Bank Routing Number: _____ Bank Account Number: _____

A voided check must be attached to this form

You may want to verify, with your bank, the correct "electronic transfer routing number" for your account.

Authorization

I hereby authorize the Town of River Bend to collect any utility bills I owe by drafting payments from my account at the financial institution stated above. Further, I authorize the Bank to accept and to draft entries indicated by the Town from my account. In the event the Town drafts funds erroneously from my account, I authorize the Town to credit my account for an amount not to exceed the original amount of the erroneous draft, and I agree to hold the Town harmless for any other charges to my account that may occur as a result of such error. This authorization is to remain in full force and effect until the Town has received notice, in writing, of its termination.

Any transaction rejected by the bank for any reason other than bank error will be treated as a returned check and charged a \$25.00 fee.

Signature of Customer (as accepted by your bank)

Date

Completed forms should be mailed to or dropped off at the Water Resources Office.

Mailing address:
45 Shoreline Drive
River Bend, NC 28562

Please contact us at:
252-638-3540
with any questions.