

WOULD YOU LIKE YOUR ACCOUNT TO BE DRAFTED? Yes No

If yes, please complete the following information:

Financial Institution _____ Bank Location _____

Bank Routing Number _____ Bank Account Number _____
(First 9 digits, bottom left corner of check)

Please provide a voided check with your application.

I/we authorize the City of Elizabeth City to initiate bank draft on my/our checking account indicated above. This agreement will remain in effect until I/we notify the City of Elizabeth City to discontinue bank draft. _____ (Initial here)

The undersigned do hereby make application for utility services indicated and agree to observe the rules and regulations of the City of Elizabeth City. Any false information given on this application would be grounds for refusal of service rendered or disconnection of services.

Signature

State of _____, _____ County

I, _____, a Notary Public for said County and State do hereby certify that _____ personally appeared before me this day and signed the above instrument.

Witness my hand and official seal, this the _____ day of _____, _____.

(Official Seal)

Notary Public

My Commission expires _____.