



Automatic Draft Service for Utility Account (s)

I (we) hereby authorize the City of Lincolnton to initiate debit entries from my (our) checking/savings account indicated at the depository institution named below. This authorization is to remain in full force and effect until the City of Lincolnton has received a 30 day written notice with a "Stop Draft Form" from me/either of us. Should I (we) decide to change financial institutions, I (we) agree to complete a stop draft form for the old account and provide a new application and voided check for the new account.

Please fill out the information below and attach a VOIDED check to this application.

Name(s): _____

Depository Name: _____

Branch Street Address, City, State: _____

Routing Number: _____ Account Number: _____

Your draft will be deducted on the 10th of every month and can take 60-90 days to initiate.

Signature: _____ Joint Signature: _____

For Office use only

Date received

Employee received

UB Account Number

Service Address