

Town of Mount Pleasant Draft Authorization Form

I, _____ hereby authorize the Town of Mount Pleasant to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entry in error to my (our) account indicated below and the Financial Institution named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account. This authority is to remain in full force and effect until the Town of Mount Pleasant has received written notification from me (or either of us) of its termination ten days before the payment draft date (by the 1st of the draft month) as to afford the Town of Mount Pleasant and DEPOSITORY a reasonable opportunity to act on it.

The draft date will be on the 10th of each month.

In the event of default or failure of the payment to process, a fee of \$35 will be applied to the account. The Town will contact the customer by the phone number provided below to notify them of the default or failure of the payment to process. At that point the customer will be responsible for providing another form of payment for that month. Failure to pay by the 20th will result in a \$10 late fee being added on the 21st. The following month the draft will continue unless written request to terminate the Automatic Draft is provide to the Town of Mount Pleasant.

Customer Name: _____ Phone Number: _____

Customer Address: _____ Account # _____

Important: Please check one of the following

Savings

Checking

Name on checking or savings account: _____

Bank Routing #: _____ Bank Account #: _____

Bank Name: _____ Bank Address: _____

Date first draft to take place: _____ 10th, 20____

Attach voided check or deposit slip here: