



AUTOMATIC BANK DRAFT AUTHORIZATION FORM

I (we) hereby authorize the Town of Canton to initiate debit entries to my (our)... **(SELECT ONE)**

Checking Account

Savings Account

...indicated below and the depository named below, herein called Depository, to debit such account. I (we) understand that an NSF fee may be charged, as allowed by applicable law if any item is returned for any reason.

Bank Name _____

City _____ State _____

Transit ABA: _____ Bank Account# _____

This authority is to remain in full force and effect until the Town of Canton and Depository have received written notification from me (us) of this termination in such time and in such manner as to afford the Town of Canton and Depository a reasonable opportunity to act on it.

Customer Name _____

Service Address _____
Street City State Zip

Drivers License# _____ Phone _____

Utility Account# _____

Signature _____ Date _____

You will continue to receive your monthly utility statement. The words "Automatic Draft/Do Not Pay" will be printed on the water bill. We will charge the payment to your bank account on the 3rd day of each month. If the 3rd falls on a weekend or holiday, the draft will be done on the next business day.