



P.O. BOX 367 Wingate NC 28174 TEL: (704) 233-4411 FAX: (704) 233-4412

Authorization Agreement for Pre-Authorized Debits

I/We hereby authorize the Town of Wingate, hereinafter called COMPANY, to initiate debit entries or credit corrections to my/our ___ Checking ___ Savings account indicated below and the financial institution named below to debit the same to such account. This authority is to remain in full force and effect until COMPANY has received written notification from me/either of us of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

Financial Institution: _____

City: _____ **State:** _____ **Zip Code:** _____

Routing Number: _____ **Account Number:** _____

PLEASE BE AWARE THAT THE TRANSACTION DATE FOR THE AUTOMATIC DRAFT IS BETWEEN THE 10th & 15th OF EACH MONTH!

Name(s): _____

Service Address: _____

Account Number: _____

Signature(s): _____

Date: _____

PLEASE ATTACH A VOIDED CHECK TO THIS FORM.

