



Mayor Bill Braswell

Town Commissioners  
Gary Hamill  
Johnny Lowery  
John Mangum  
Brent Moser  
Peggy Taylor

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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 10<sup>th</sup> & 15<sup>th</sup> OF EACH MONTH!**

**Name(s):** \_\_\_\_\_

**Service Address:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Signature(s):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK TO THIS FORM.**

