

TOWN OF KENANSVILLE
BANK DRAFT APPLICATION

Customer Name(s): _____

Service Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Water / Sewer Account Number: _____

BANK INFORMATION

Bank Name: _____

Bank Branch: _____

Bank Routing Number: _____

Bank Account Number: _____

The Town of Kenansville is hereby authorized to honor drafts each month, drawn by and payable to the Town of Kenansville on the above account. This authority is to remain in effect until revoked by me in writing. I further agree that if any such draft be dishonored whether with or without cause and whether intentionally or inadvertently The Town of Kenansville shall be under no liability whatsoever.

Customer Signature(s) _____

(Joint accounts must have both signatures)

NOTE: Bank drafts are normally drafted on or immediately after the 20th of each month.

revised: May 9, 2016