



CLAY COUNTY WATER & SEWER DISTRICT
P.O. Box 838
Hayesville, NC 28904
828-389-1361

**BANK DRAFT APPLICATION
AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS**

CUSTOMER INFORMATION:

NAME: _____ DATE: _____

SERVICE ADDRESS: _____

EMAIL ADDRESS: _____

PHONE #: _____ ACCOUNT #: _____

FINANCIAL INSTITUTION INFORMATION:

NAME ON ACCOUNT: _____

BANK NAME: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

DRAFTS OCCUR ON THE 15TH OF THE BILLING DUE DATE MONTH. IF THE 15TH FALLS ON A WEEKEND, IT WILL PROCESS THE NEXT OFFICIAL BUSINESS DAY.

I certify that the information above is correct, that I am an authorized signer or designate of the account provided for ACH transactions, and that I am authorized to provide this information.

I authorize Clay County Water & Sewer District to deduct my bi-monthly payments from this bank via Electronic Funds Transfer. I understand I will be required to send in a written notification to Clay County Water & Sewer District to terminate/revoke this authorization.

Clay County Water & Sewer District reserves the right to cancel this agreement due to insufficient funds.

Print Authorized Name: _____

Authorized Signature _____